



(To be completed by Physician)

JEFFREY T. SHERWIN
MAYOR

CITY OF NORTHLAKE

PERSONS WITH DISABILITIES CERTIFICATION FOR PARKING PLACARD

DIRECTIONS:

Both sides of this document must be signed and completed, Side A by the Physician, and Side B by the applicant.

DEFINITION: "PERSONS WITH DISABILITIES" (625 ILCS 5/1-159.1)

"A natural person who, as determined by a licensed physician: (1) cannot walk 200 feet without stopping to rest; (2) cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device; (3) is restricted by lung disease to such an extent that his or her forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60mm/hg on room air at rest; (4) uses portable oxygen; (5) has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV, according to standards set by the American Heart Association; or (6) is severely limited in the person's ability to walk due to an arthritic, neurological, or orthopedic condition."

.....
(Please fill in the applicant's name, describe the condition, and indicate the impairments below.)

PERSON WITH DISABILITIES NAME _____

CONDITION _____

- ___ Cannot walk 200 feet without stopping to rest.
- ___ Cannot walk without the assistance of another person, prosthetic device, wheelchair, or other assistive device.
- ___ Is restricted by lung disease to such a degree that the person's forced (respiratory) expiratory volume (FEV) in one second, when measured by spirometry, is less than one liter.
- ___ Uses portable oxygen.
- ___ Has a Class III or Class IV cardiac condition according to the standards set by the American Heart Association.
- ___ Is severely limited in the person's ability to walk due to an arthritic, neurological, or orthopedic condition.

THE CITY OF NORTHLAKE CAN ONLY ISSUE A TEMPORARY DISABILITY PLACARD.

(Not to exceed 90 days)

I hereby certify that the physical condition of the person with disabilities listed herewith constitutes him/her as a person with disabilities as described under 625 ILCS 5/1-159.1.

(Physician's signature)

(Physician's license number)

PLEASE PRINT OR TYPE BELOW:

Physician's NAME _____

ADDRESS _____

TELEPHONE # _____

DIRECTIONS: Both sides of this document must be signed and completed, Side A by the Physician, and Side B by the applicant.

CITY OF NORTHLAKE
PERSONS WITH DISABILITIES CERTIFICATION FOR PARKING PLACARD

DIRECTIONS

Complete Part 1 if person with disabilities is applying for parking card.

Complete Parts 1 and 2 if member of the person with disabilities immediate family is applying for parking card.

.....
PART 1. PERSON WITH DISABILITIES

I hereby apply for a Temporary Person with Disabilities Parking Card under the statutory provision, (625 ILCS 5/1-159.1) and certify that my physical condition entitles me to the issuance thereof. I am also aware that the Persons with Disabilities parking card must not be used unless I am a passenger in the vehicle.

(Person with Disabilities signature) Date

PLEASE PRINT OF TYPE BELOW:

Person with Disabilities NAME _____
ADDRESS _____
CITY _____ ZIP _____
TELEPHONE NUMBER () _____

.....
PART 2. FAMILY MEMBER

I hereby apply for a Person with Disabilities parking card as the owner of the vehicle(s) upon which the above-named Person with Disabilities relies for his/her mode of transportation, and that he/she does not own a vehicle in his/her name. I am also aware that the vehicle displaying a Person with Disabilities parking card must not be parked in areas designed for use by Persons with Disabilities when the Person with Disabilities is not a passenger in the vehicle.

(Signature of family member) Date

PLEASE PRINT OF TYPE BELOW:

Immediate family member's NAME _____
ADDRESS _____
RELATIONSHIP of member to the Person with Disabilities _____
TELEPHONE NUMBER () _____

.....
FOR OFFICE USE ONLY

PERMIT # _____ EXPIRES _____ ISSUED BY _____ DATE _____

NOTE: MISUSE OF THE PERSON WITH DISABILITIES PARKING DEVICE CAN RESULT IN ITS REVOCATION
Parking privileges are strictly limited to the person with disabilities. The disabled person must be present when parking the vehicle in areas reserved for persons with disabilities.