

TOWERS OF VALLEY RUN HANDICAP ASSIGNED SPACE REQUEST FORM

APPLICANT: COMPLETE THIS SECTION BEFORE PHYSICIAN CERTIFICATION

Applicant's Name: []
Street Address: [(Please Type or Print)]
City, State, Zip Code: []

THE FOLLOWING SECTION MUST BE COMPLETED BY YOUR PHYSICIAN:

Eligibility for an assigned handicap parking space for person with permanent disabilities with no prognosis for improvement. A physician must certify this application. Applicant must meet one of the following requirements with no prognosis for improvement

- 1. Cannot walk 200 feet without stopping to rest.
2. Cannot walk safely 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 the applicant's or household member's forced (respiratory) expiratory volume, one second, when measured by spirometry, is less than one liter or the arterial oxygen tension is less than sixty mm/hg. at room air or rest.
4. Uses portable oxygen.
5. Has a cardiac condition to the extent that the applicant's or household member's functional limitations are classified in severity as Class III or Class IV according to the standards set by the American Heart Association.
6. Is severely limited in his or her ability to walk due to an arthritic, neurological or orthopedic condition.

***PHYSICIAN MUST PROVIDE HIS OR HER CERTIFICATION BELOW.

I certify, under penalty of law, that the above information concerning the applicant is true and correct, and that the applicant or household member meets the requirements specified above for an assigned handicap parking space/

Date: [] Signature of Physician: _____ License # []

PRINT NAME, ADDRESS AND TELEPHONE NUMBER OF LICENSED PHYSICIAN:

[] (Physician's Name) [] (Verification Telephone Number)
[] (Street Address or P.O. Box) [] (Verification Contact Name)
[] (City, State and Zip)

I certify, under penalty of law, that the above information is true and correct. I also understand that false representation by me can lead to penalties as provided by law as follows: Any person who is not disabled, as defined above, and who intentionally and falsely represents that such person has the qualifications to obtain such an assigned parking space shall fined \$100. For each subsequent like offense, the person shall be fined \$200.

Signature of Applicant: _____ Date: []

Towers of Valley Run Approval: _____ Date: _____
Towers of Valley Run Approval: _____ Date: _____