

Robert J. Lovero



Mayor

A Century of Progress with Pride

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2009 HANDICAP SIGN AFFIDAVIT

PLEASE PRINT

(Name of Handicapped Person)

(Address of Handicapped Person)

(Name of Applicant)

(Phone Number of Handicapped Person)

I hereby affirm that the information provided is true and correct, and it shall be prohibited and unlawful for any person to file a sworn affidavit which said person knows to be false or believes to be false.

(Signature of Applicant)

(Date)

PHYSICIANS STATEMENT
PLEASE PRINT NATURE OF PATIENT'S HANDICAP

I, HEREBY CERTIFY THAT THE PHYSICAL CONDITION OF THE ABOVE NAMED "HANDICAPPED PERSON" CONSTITUTES HIM/HER A HANDICAPPED PERSON AS DEFINED UNDER THE STATUTORY PROVISION PAR. 1-159.1 (Physically Handicapped Person – Every person who has permanently lost the use of a leg or both legs or an arm or both arms or any combination thereof, or any person who is so severely disabled as to be unable to move without the aid of crutches or a wheelchair).

(Print – Name of Physician)

(Print – Address of Physician)

(Signature of Physician)

(Physicians Phone #)

(Date)

Handicapped State Plate # _____

Vehicle Tag # _____ Year _____

Regular State Plate # _____

Handicap State Card # _____

**YOU MUST HAVE A HANDICAP STATE PLATE OR CARD TO PARK YOUR VEHICLE
IN A HANDICAPPED PARKING SPACE.**