



**CITY OF QUINCY, MASSACHUSETTS**  
**Application for On-Street Handicap Parking Space**  
 (617) 376-1478

Date: \_\_\_\_\_

Residential: \_\_\_\_\_

Other: \_\_\_\_\_

Name of Handicapped Person:

\_\_\_\_\_ Telephone #: \_\_\_\_\_

Address:

\_\_\_\_\_

Name of Person Filling out Application:

\_\_\_\_\_

(if different from above)

Address:

\_\_\_\_\_

Location of Handicapped Parking Space:

\_\_\_\_\_

\_\_\_\_\_

Describe availability of off-street parking and your need for an on-street reserved handicap space:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Year/Make/Model of Vehicle: \_\_\_\_\_

Vehicle Registration Number: \_\_\_\_\_ Hydraulic Lift: YES NO  
 (ATTACH PHOTOCOPY OF MA REGISTRATION)

MA Handicap Registration Number: \_\_\_\_\_

MA Handicap Placard: YES NO (IF YES, PLEASE ATTACH A COPY)

Return your completed application to: City of Quincy – TPAL  
 Attn: Edward Grennon  
 55 Sea St  
 Quincy, MA 02169

**55 Sea Street, Quincy, MA 02169-2572**  
**Telephone: (617) 376-1478 Fax: (617) 376-1969**