



MEDICAL PARKING PERMIT APPLICATION

The purpose of Medical Permits is to provide guidance for employees or employers working in the downtown area. It is recognized that at this time you may need to be able to park in front of your business or where you work for a limited period of time. Said person may complete this application to be considered for issuance of a parking pass based on a legitimate, reasonable medical necessity.

PROCEDURE

- At any one time a person(s) may have **ONE (1)** vehicle parked on-street in front of, to the side of or in the rear of the building. Or may park in an unassigned parking area.
- Application **MUST** be completed in its entirety. Signed by the applicant and the physician.
- Permit will be issued for a length of **no longer than 30 days**.

Please Print Clearly DATE _____

Employment _____

Applicant _____

Mailing Address _____

City/State/Zip _____

Phone _____

Email _____

Vehicle make _____ Model _____

Year _____ Color _____ Tag # _____

Applicants Signature _____

Physician's Name _____

Phone _____

Medical Permit Necessary Yes No

Start Date _____

End Date _____

Physician's Signature _____

Additional Comments _____

OFFICE USE ONLY

AUTHORIZATION

Approve Deny

Permit No _____

Start Date _____

End Date _____

Special Conditions _____

Signature _____

Date _____

Office of Downtown Development ~ Aundi Lesley, Director

Email parking@romegeorgia.us

PO Box 1433 Rome Georgia 30162 706-236-4520 Fax 706-236-4448