

**CITY OF LA MESA
APPLICATION
DISABLED PERSONS ON-STREET PARKING IN RESIDENTIAL AREAS**

Applicant's Name DENNIS S TWISS
Address 8115 PASADENA AVENUE
City LA MESA Zip Code 91941-6424
Telephone No. [REDACTED]

1. Is the above address the proposed location for the disabled persons parking space?

Yes ☒ No ☐

If not, please indicate the appropriate address below:

Address _____
City _____ Zip Code _____

2. Do you own the property at this address or are you renting it?

I own the property ☒ I am renting it ☐ How long at this address? 28 YEARS

If other, explain _____

3. Is the applicant the disabled person?

Yes ☒ No ☐

If not, what is the relationship to the disabled person?

Spouse _____ Parent _____ Guardian _____ Relative _____ Other _____

Name of disabled person: _____

4. Do you have a valid disabled persons license plate (DP or VT plates) issued by the California Department of Motor Vehicles on your vehicle?

Yes ☒ No ☐

Please indicate vehicle license number [REDACTED]

5. Is there a driveway or other off-street space available at this address that may be used for off-street parking?

Yes ☐ No ☒ IF A VEHICLE IS PARKED IN THE DRIVEWAY IT BLOCKS THE SIDEWALK

6. Is there sufficient space in front of this address to accommodate an on-street parking space?

Yes ☒ No ☐

I have read and understand the preceding instructions and have answered the above questions truthfully and to the best of my ability. I understand that the City will contact the person as noted in this application each year to verify the continued need for an on-street disabled parking space, and that failure to contact the City in a timely fashion could result in removal of the space. I also understand that the disabled parking space is not exempt from street sweeping parking restrictions or other applicable part-time prohibitions at this location. I understand if the Council approves, it is not a personal or dedicated space.

Applicant's Signature [Signature] Date 1 AUGUST 2018

[REDACTED]