



REQUEST FOR ACCESSIBLE PARKING ZONE (APZ) BLUE CURB INVESTIGATION

Please PRINT and fill out the following information:

I request an accessible parking zone investigation at the nearest corner or following address:
(address needs to match the Department of Motor Vehicles (DMV) disabled placard registration)

1. APZ Applicant with Disabled Placard:

2. Applicant Contact Phone:

3. Email:

4. Alternate Contact Name/Phone Number/ Your relationship to the Applicant

☐ I have included a copy of my Department of Motor Vehicles (DMV) disabled registration **and** placard.

I understand that before this request is approved, an investigation will be initiated to consider site conditions, mobility barriers, constraints or impediment for streets width, street slopes, traffic circulation, and much more.

I understand that repair construction may be required to improve conditions of the corner curb ramps, sidewalks, or remove obstructions prior to the installation of the blue paint and sign that defines an APZ.

I understand that this investigation will review any existing APZ within the block for compliance to current standards, which may require the removal of other existing blue curbs on the block.

I understand that once installed, any person with a DMV issued disabled placard or license plate placard may use the accessible parking zone.

Signature:

Date:

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for the department to refuse service.

Department on Disability
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