



# TOWN OF WINTHROP OFFICE OF THE TOWN MANAGER

Town Hall, 1 Metcalf Square, Winthrop, MA 02152 Telephone: 617-846-1077 Fax: 617-846-5458

**Anthony Marino**  
Town Manager

## Application for Reserved Residential HP/Disabled Parking

*Please print.*

\_\_\_\_\_  
*Date of Application*

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Middle Initial*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Automobile Registration*

\_\_\_\_\_  
*Driver's License Number*

\_\_\_\_\_  
*Email Address*

\_\_\_\_\_  
*Location of Desired Reserved Parking*

*Do you own the property? \_\_\_\_\_ . If not, a letter from the owner of said property giving their approval to have sign in front of the house must be submitted with application.*

*Do you have a driveway? \_\_\_\_\_ .*

*If yes, do you have space in driveway? \_\_\_\_\_ . If yes, please explain necessity for a reserved parking sign. (Please use separate sheet of paper if more space is needed)*

**Due to limited parking, you are encouraged to use your driveway.**

To: Town Manager  
Town Hall  
Winthrop, MA 02152

Dear Town Manager:

I, the undersigned, petition you for the installation of a special-reserved handicapped/disabled parking space at my residence for my need. I understand that this parking space is to be used only by a vehicle having the distinctive HP registration plate and disability placard as authorized for disabled persons issued by a Registry of Motor Vehicles. **(Please submit a photocopy of registration and placard with application)** A letter will also accompany my application from my physician describing my disability.

\_\_\_\_\_  
*Signature of Petitioner*

APPROVED: Town Manager

APPROVED: Commission on Disabilities

\_\_\_\_\_  
*Town Manager*

\_\_\_\_\_  
*Chairperson*

cc: Winthrop Police Department, Parking Clerk, Winthrop Commission on Disabilities  
and Department of Public Works