

RED ROCKS POLICE DEPARTMENT Chief Sean Dugan |13300 W. 6th Avenue, Box 18B Lakewood, CO 80228 303-914-6394 Phone 303-980-6404 Fax



TEMPORARY HANDICAP PARKING PERMIT APPLICATION

If you have a State issued Disability Placard, you do not need this RRCC permit

Today's Date:				
Name:	S#:			
Address:	City:	State:	Zip:	
Date of Birth:	Phone # (Home):	ne # (Home):Phone # (Cell):		
Driver's License #:	State of Issuance:	Expiration Date:		
Vehicle License Plate:	Licensed State:	Expiration Date:		
Vehicle Information - Make:	Model:	Year:	Color:	
Give a brief statement of your nee	ed and how it limits your mobility:			
MUST BE COMPI	LETED BY PHYSICIAN BEFOR	E SUBMISSIO	N TO RRCC POLICE	
Physicia	n <u>MUST</u> fax approval for the RRCC Dis	sability permit to 30	03-980-6404.	
Please check one: Temporary Need: Long-Term Need-Not Permanent:				
PHYSICIAN'S NAME (Print):_		PHONE #:		
PHYSICIAN'S SIGNATURE:_		DATE:		
Note for Physician - Please indicate h	now many days are necessary for this to	emporary permit:_	days. (Maximum of 90 days)	
	diagnosis requires this need per ued Handicap Parking Placard.	manently/un-er	nding, please assist your patient in	

Thank you, Red Rocks Campus Police 303-914-6394