

In-Home Care Residential Preferential Permit Renewal Medical Affidavit

I, _____, am a Berkeley resident applying for an In-Home Care Parking Permit, who resides at _____, located within the boundaries of Residential Permit Parking AREA _____. I require health care during the time of each day that the Residential Parking Ordinance is in effect.

Please select one of the following: My disability is permanent My disability is temporary

Physician's Name: _____ Physician's Phone Number: _____

Physician's Address: _____

I declare under penalty of perjury that the foregoing statement is true and correct.

APPLICANT'S SIGNATURE

DATE

Please Note: Only automobiles, trucks, motorcycles or other motor driven forms of transportation, not in excess of 8,000 pounds gross weight and not in excess of 20 feet in length, are eligible for a residential parking permit and not all addresses in Berkeley are eligible for residential parking permits.

For additional residential parking permit requirements and information, please visit the City of Berkeley's official web page at www.cityofberkeley.info, or call Customer Service at (510) 981-2489.
