

Donald W. Blevins
Clerk of Fayette County
Lexington, Kentucky 40507

**APPLICATION FOR DISABLED PARKING PLACARD
RENEWAL/ REPLACEMENT/ ADDITIONAL**

I _____ hereby state that I am requesting:
(please print)

Choose one:

- Renewal Replacement 2nd permit

My disabled parking placard # _____

Expiration date _____

My Social Security # _____

Physician's name _____

For the following reason: (complete only if renewing or replacing)

- Lost Stolen Damaged Expired

Signature of Permit owner _____

Current address _____

Subscribed and sworn to before me on this _____ day of _____, 20 _____

Notary or Deputy Clerk _____

My commission expires _____, 20 _____