

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

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

I JOHN DOE hereby state that I am requesting:  
(please print)

**Choose one:**

Renewal - OR -  Replacement - OR -  2<sup>nd</sup> permit

My disabled parking placard # 123456

Expiration date 08/2010

My Social Security # 123-45-6789

Physician's name DR. DOCTOR

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

Lost - OR -  Stolen - OR -  Damaged - OR -  Expired

Signature of Permit owner John Doe

Current address 1 MAIN ST., LEXINGTON, KY 40507

Subscribed and sworn to before me on this 1<sup>ST</sup> day of APRIL, 20 10

Notary or Deputy Clerk Jane Q Notary

My commission expires Jan 12, 2012