



**Joseph P. Ganim**  
Mayor

City of Bridgeport  
**Department of Health & Social Services**

999 Broad Street, Bridgeport, CT 06604  
203-576-7416(P)  
[bridgeportct.gov/health](http://bridgeportct.gov/health)

**Dr. Elizabeth River-Rodriguez, MPH**  
Director of Health and Social  
Services

**Sumit Sharma, MPH**  
Deputy Director of Health and  
Social Services

**HANDICAP PARKING SIGN-REMOVAL REQUEST**

Follow the procedures below to request the installation of a Handicap Parking Sign:

1. Submit a handicap sign removal request form (attached) to:  
The Department of Social Services  
999 Broad Street Bridgeport, CT 06604  
(203) 576-7416  
Office Hours: 9am-3:30pm
2. Your signed removal application along with a copy of your driver's license and a statement from the property owner/landlord stating the reason for the removal.
3. Your application will be forwarded to the City of Bridgeport Police Department. The request will then be forwarded to the City's Traffic Engineer Department.
4. The Department of Engineer will review the request perform an onsite visit and make a recommendation to the Board of Police Commission.
5. The Board of Police Commission will then vote on the decision to approve or disapprove the request.
6. Once a decision is made you will then be notified by mail.

(The process can take 3-5 months)



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**HANDICAP PARKING SIGN-REMOVAL REQUEST**

Applicant's Name:

Address:

Telephone:

HANDICAP SIGN CURRENT LOCATION:

1. Do you reside at or near the current handicap parking sign to be removed by this request:

Yes  No

a. If so, please provide your address if different from above.

2. Are you the original requester of the Handicap Parking Sign to be removed'?

Yes  No

3. If yes, state the reason you are requesting to have the Handicap Parking Sign Removed:

4. If you are the not the original requester of the Handicap Parking Sign to be

removed, please explain why you are requesting the removal of the sign:

I, the applicant attest that all of the above information is true and accurate:

Applicant's Signature:  Date:

Staff Signature:  Date: