

**CITY OF BRIDGEPORT  
DEPARTMENT OF SOCIAL SERVICE**

752 East Main Street, Bridgeport, Connecticut 06608  
Telephone (203) 576-8301 Fax (203) 332-5635



Joseph P. Ganim  
Mayor

Sha'Kenya Whittaker  
ADA Clerical Assistant  
Office for Persons with Disabilities  
ShaKenya.Whittaker@Bridgeportct.gov

**HANDICAP PARKING SIGN- REMOVAL REQUEST**

Follow the procedures listed below to request the removal of a handicap sign.

1. Submit a handicap sign removal form (attached) to:

Sha'Kenya Whittaker  
Office for Persons with Disabilities  
752 East Main Street  
Bridgeport, CT. 06608

2. Your signed application along with a copy of your driver's license will be forwarded to the City of Bridgeport Police Department. The request will then be forwarded to the City's Traffic Engineer Department.
3. The Department of Engineer will review the request perform an onsite visit and make a recommendation to the Board of Police Commission
4. The Board of Police Commission will then vote on the decision to approve or disapprove the request.
5. Once a decision is made you will then be notified by mail
6. The process can take between (3) to (6) months

# CITY OF BRIDGEPORT

## HANDICAP PARKING SIGN REMOVAL REQUEST

DATE: \_\_\_\_\_

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, \_\_\_\_\_ if so please provide your address if different from above.

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

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 attest that all the information above to be true and accurate:

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Staff Signature Date