

SONOMA STATE UNIVERSITY  
APPLICATION FOR 30 DAY  
TEMPORARY DISABILITY PARKING

Name:  Phone Number:

Disability:

Reason for Request (ex: difficulty walking)

How long do you need temporary parking?  
(ex: 2 weeks)

Make of car(s):

1<sup>st</sup> Car:  2<sup>nd</sup> Car:

License plate number(s):

1<sup>st</sup> Car:  2<sup>nd</sup> Car:

Year(s):  /  State of Plates:  /

Do you have a CA DMV Disabled placard?

Yes  No  will be getting one

Temporary in parking (dates): From  to   
(30 calendar days only)

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**OFFICE USE ONLY**

Temporary parking permit #: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Applicant is:  Student  Staff  Faculty  
 Other: \_\_\_\_\_

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Authorized Signature

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Date