

CITY OF DILLON, MONTANA

125 N. IDAHO
DILLON, MT 59725

406-683-4245
FAX 406-683-6361

TODD HAZELBAKER
DIRECTOR OF OPERATIONS

JANI OLSEN
CLERK

KAREN KIPP
TREASURER

JAMES P. DOLAN
ATTORNEY
406-988-0067



MICHAEL KLAKKEN
MAYOR

Application for Handicapped Parking

Name: _____

Business name: _____

Location requested: _____

Date requested: _____

I, the undersigned, do hereby agree and understand that if the location requested is designated as a handicapped only parking area and so signed by the City of Dillon that this location cannot then be used for any other purpose except handicapped parking on a 24 hour per day basis and that all violators will be prosecuted. Only those vehicles with license plates or window permit designating the vehicle as belonging to a handicapped person will be allowed to park.

Application applied for

By _____

Health care professional

By _____

APPROVED:

Director of Operations

Date Sign Installed & curb Painted: _____

Date Sign Removed: _____