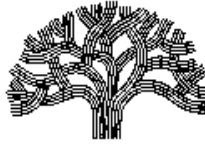


TSD Admin Initial \_\_\_\_\_  
S.R No. \_\_\_\_\_  
Mail Out Date \_\_\_\_\_  
Receipt Date \_\_\_\_\_



TSD Determination:  
 Engineer Initial \_\_\_\_\_  
 Approved Date \_\_\_\_\_  
 Denial Date \_\_\_\_\_

**CITY OF OAKLAND**  
**RESIDENTIAL DISABLED PARKING ZONE (RDPZ)**  
**APPLICATION FORM**  
Effective July 1, 2009

To apply for a RDPZ, please follow these instructions.

1. Complete this application form, provide all required documents listed below, and mail to:  
Division Manager  
City of Oakland, Parking and Mobility Division  
250 Frank H. Ogawa Plaza, Suite 1333  
Oakland, CA 94612
2. Required documents are listed below. Send a photocopy of original documents. Do not send original documents.
  - (a) Disabled person parking identification card (Placard ID card)
  - (b) Driver's license
  - (c) DMV vehicle registration in the applicant's name or in the name of the primary live-in caregiver who resides full-time at the address in question
  - (d) Rental agreement, utility statement, or homeowner insurance policy
  - (e) If the applicant is not the property owner, the applicant is required to provide a letter of consent from the property owner to install a RDPZ.
3. Note that applicants who meet all eligibility and technical requirements will be asked to sign an Agreement and a Liability Waiver form.

.....  
I request to have a Disabled Parking Zone (Blue Zone) installed for the following residence:

Street Address		Apartment #	Zip Code
Applicant's Name (Print)		Signature	Date
Applicant's Phone Number	Cell Number	E-mail	
Preparer's Name (if different from Applicant)		Signature	Date
Preparer's Phone Number	Cell Number	E-mail	

Is the Preparer the primary caregiver for the Applicant? (check one)       Yes    No  
Relationship?

Who will use the requested RDPZ space?

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Are you the property owner?  Yes  No

Are you a licensed driver?  Yes  No

Do you have a primary caregiver who resides with you full time?  Yes  No

Do you have a garage, carport or driveway on the property?  Yes  No

Is accessible off-street parking available at your residence?  Yes  No

Is there an existing RDPZ within 150 feet of your address?  Yes  No

Are on-street parking spaces controlled by parking meters?  Yes  No

If off-street parking is available, why is an on-street RDPZ needed? \_\_\_\_\_

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If you have a garage, carport, driveway, or parking spot on your property, explain how your disability prevents you from using off-street parking.

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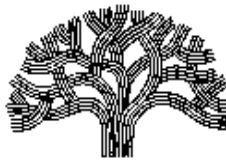
Additional Comments: \_\_\_\_\_

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**Warning:** All vehicles, including vehicles with State issued license plates indicating temporary or permanent disabilities, parked during **street sweeping hours**, including in disabled parking zones (blue zones), will be cited and/or towed in accordance with provisions of the California Vehicle Code. For information on the City's street sweeping policies and enforcement, contact 510-615-5566 for PWA call center, 510-434-5110 for day shift and 510-434-5130 for night shift.



**CITY OF OAKLAND**

**RESIDENTIAL DISABLED PARKING ZONE (RDPZ)**

**AGREEMENT TO THE REQUIREMENTS FOR IMPLEMENTATION**

In addition to meeting the eligibility requirements, the applicant is also required to agree to and abide by the requirements for implementation.

1. The applicant is under duty to inform the City if the RDPZ is no longer required. The City has the option of removing such RDPZ.
2. The applicant must observe and obey all parking regulations covered in the Oakland Municipal Code Chapter 10.28. A copy of the O.M.C. is available for review at the Office of the City Clerk, One Frank H. Ogawa Plaza, Oakland, California, 94612 or online at [www.oaklandnet.com/cityclerk](http://www.oaklandnet.com/cityclerk)
3. A RDPZ shall not be misused. Any misuse shall result in the removal of the RDPZ. Misuse shall be determined by the Transportation Services Division Manager (TSM), in his or her discretion. In ascertaining whether a RDPZ has been misused, the TSM shall consider the following factors:
  - a. the extent of the applicant’s disability;
  - b. the length of time in which the applicant has left a vehicle in the space without operating it;
  - c. misuse of the applicant’s disabled placard or license plates;
  - d. any violation by the applicant of the OMC Chapter 10.28 or this policy;
  - e. any other factors the TSM deems reasonable and relevant to the issue.
4. The RDPZ is not a private or reserved space and may be use by other vehicles licensed to park in a RDPZ on a first-come first-served basis.
5. The authority to enforce parking laws are the responsibility of the Oakland Police Department and the Parking Enforcement Division; complaints received regarding illegally parked vehicles are always taken in the order in which they are called in and prioritized based on the level of service required.
6. The RDPZ shall not be used for long-term storage of vehicles. The vehicle must be kept in good repair and shall be operational, as outlined in the CVC. For the purpose of this policy, long-term storage of vehicles is defined as any vehicle parked or left standing on a public street in the same location and not driven or moved in excess of fourteen consecutive calendar days.

I, the applicant, have read all articles of the Agreement to Requirements for Implementation and agree to abide by them. I hereby sign this Agreement on this day.

Print Name of Applicant	Signature	Date
Street Address	Apartment #	Zip Code

**CITY OF OAKLAND**

**RESIDENTIAL DISABLED PARKING ZONE (RDPZ)**

**LIABILITY WAIVER & GENERAL RELEASE OF ALL CLAIMS**

The Residential Disabled Parking Zone Program (herein referred to as PROGRAM) is a voluntary program offered by the City of Oakland (herein referred to as CITY).

I, \_\_\_\_\_, hereby acknowledge that I am voluntarily participating in the PROGRAM. I hereby assume full responsibility for all liability and all risk of injury or loss, including death, which may result from my participation in this PROGRAM. I hereby agree to hold harmless, release, waive, forever discharge and covenant not to bring legal action or claim against CITY or its employees from any and all claims or demands I may have by reason of any accident, illness, injury or death, or damage to or loss or destruction of any property, arising or resulting directly or indirectly from my participation in the PROGRAM and occurring during such participation or any time subsequent thereto.

This Liability Waiver and General Release of All Claims applies whether or not such loss, injury or death is caused or alleged to be caused by any act or omissions by CITY or other parties, negligent or otherwise, related to my participation in the PROGRAM. This Liability Waiver and General Release of All Claims is binding to me, my heirs, executors, administrators, and all of my family members.

I affirm that the information I have provided is true and accurate.

Print Name of Applicant	Signature	Date
Street Address	Apartment #	Zip Code

