

Traffic Commission Agenda  
June 19, 2008

Where: Traffic & Parking Office, 133 Holland St  
When: Thursday June 19, 2008 @ 6pm

**Item #1** – Acceptance of Minutes from May 15, 2008 Traffic Commission Meeting

**Item #2** – Request for Residential Permit Parking  
**Albion St** (Lowell St-Cedar St)

**Item #3** – Request for Handicapped Parking  
**12 Hammond St**  
**78 Partridge Av**  
**29 Preston Rd**  
**17 Vermont Av**  
**5 Windsor Rd**

**Item #4** – Tabled Item

- a) Request for a change to the Handicapped Parking Application, tabled from the May Traffic Commission Meeting pending review from the Law Department. The following are the changes that have been suggested by David Shapiro of the Law Department (copy of amended application supplied with agenda):

- Remove the term “senior” on the cover letter within the phrase “children of severely disabled senior adults”
- Whenever the term “physician” is referenced on the application or in the cover letter to applicants, replace it with the term “Health Care Provider”
- Add the term “if applicable” on the cover letter after the phrase “have a landlord verify that suitable off-street parking is not available”
- Change Part C to applicants certification that all information provided in the application, including representation of medical status, condition, is correct to the best of the applicants knowledge and applicants Authorization to Release Medical Records given to the Health Care Provider completing the application to the Traffic Commission and its representatives. Applicant’s signature and date required in this section.
- Change old Part C to Part D and replace “Health Care Provider” certification with the following:

\_\_\_\_\_  
Health Care Providers Last Name      First Name      Middle Name

\_\_\_\_\_  
Health Care Providers Daytime Phone Number

\_\_\_\_\_  
Health Care Providers Address      City      State      Zip

I certify that I am a \_\_\_Medical Professional\_\_\_Chiropractor\_\_\_Registered Nurse  
\_\_\_Physician’s Assistant\_\_\_Optometrist (legal blindness only)\_\_\_Podiatrist, and certify that  
under the pains and penalties of perjury that the information I have provided is true and  
correct.

\_\_\_\_\_  
Health Care Providers Signature      License Number      Date