

Traffic Commission Meeting
June 19, 2008

Attendance: Robert Trane, Peter St. Clair, George Manzelli, James Rooney
Staff: Laura Accaputo, James Kotzuba, Lawrence Murphy, Terry Smith

Meeting called to order @ 6pm

Item #1 – Minutes from May 15, 2008 Traffic Commission Meeting accepted unanimously

Item #2 – Request for Residential Permit Parking

Albion St (Lowell St-Cedar St)

Motion to **Approve** made by Peter St. Clair, 2nd George Manzelli, unanimous

Item #3 – Request for Handicapped Parking

12 Hammond St

78 Partridge Av

29 Preston Rd

17 Vermont Av

5 Windsor Rd

Motion to **Approve** (all) made by George Manzelli, 2nd Peter St. Clair, unanimous

Item #4 – Request for Renewal of Handicapped Parking Spaces

29 Alston St

36 Packard Av

9 Teele Av

16 Watson St

Motion to **Approve** (all) made by George Manzelli, 2nd Peter St. Clair, unanimous

Item #5 – 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

Motion to **Approve** made by James Rooney, 2nd George Manzelli, unanimous

Meeting adjourned @ 6:05pm