

MEDICAL AFFIDAVIT

I, _____, am the ATTENDING PHYSICIAN
 for _____, who resides at _____,
 located within the boundaries of Residential Permit Parking Area _____. He/she requires health care each day
 that the Residential Parking Ordinance is in effect.

I declare under penalty of perjury that the foregoing is true and correct.

PHYSICIAN'S SIGNATURE

DATE

License number _____

I, _____, am a HEALTH CARE PROFESSIONAL caring for (Name of
 Resident) _____, who resides at _____
 _____. I hereby apply for a Residential Parking Permit for
 AREA _____.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

HEALTH CARE ATTENDANT'S SIGNATURE

YEAR/MAKE OF VEHICLE

Date

License plate #

To be completed by the SFMTA clerk: PERMIT NUMBER ISSUED. _____