

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 during the time 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 _____, 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 # _____

SFMTA Agency Use Only: PERMIT NO. _____