City of Annapolis

Finance Office
160 Duke of Gloucester Street
Annapolis, MD 21401-2517

Temporary Parking Permit for Medical Care

Authority Annapolis City Code 12.32.140.B

Date _____   Parking District _____

Name of resident requiring medical care _____

Address _____

Dates of use (six months maximum) _____

Fee: $ 10.00 per month   Number of months _____   Total due _____

Signature of resident or responsible person _____

Phone number _____

Contact person _____   Phone number _____

Proof of residency required: driver's license, MVA ID card, recent tax bill, or current lease.

Call 410-263-7953 if you have questions about the temporary parking permit for medical care.

Doctor's Certification

Please issue a parking permit to be used by persons rendering medical care to

Patient name _____

Located at _____

From _____ to _____ (six months maximum)

Doctor's signature _____ Date _____

Doctor's name (please print) _____

Address _____

Phone number _____