

**MEDICAL AFFIDAVIT FOR IN-HOME CARE**

I, \_\_\_\_\_, am the **ATTENDING PHYSICIAN** for \_\_\_\_\_, who resides at \_\_\_\_\_, located within the boundaries of Residential Permit Parking Area \_\_\_\_\_. He/she requires in-home care during the time each day that the Residential Parking Ordinance is in effect.

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

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
DATE

License number \_\_\_\_\_

Phone: \_\_\_\_\_

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 statement is true and correct.*

\_\_\_\_\_  
HEALTH CARE ATTENDANT'S SIGNATURE

\_\_\_\_\_  
YEAR/MAKE OF VEHICLE

Date \_\_\_\_\_

License plate # \_\_\_\_\_

City of Berkeley Use Only: PERMIT NO. \_\_\_\_\_

*Please Note: Only automobiles, trucks, motorcycles or other motor driven form of transportation not in excess of 8,000 pounds gross weight are eligible for a residential parking permit and not all addresses in Berkeley are eligible for residential parking permits. For additional residential parking permit requirements and information, please visit the City of Berkeley's official web page at [www.cityofberkeley.info](http://www.cityofberkeley.info), or call Customer Service at (510)981-2489.*

This application (or these forms, or this document etc) is available in alternative formats upon request. To request a disability-related accommodation please contact the City's Office of Access Services at 510-981-6346 (V) and 510-981-6345(TTY).

**Return this completed form with your payment - ADDRESS BELOW MUST APPEAR IN WINDOW**