



RENEWAL FOR DISABLED PERSON PERMANENT PARKING PERMIT

THERE IS NO FEE FOR THE RENEWAL OF A PERMANENT PARKING PERMIT

I certify that I am a person with one of the disabilities listed in section 320.0848, Florida Statutes.

Name of Disabled Person as printed on the Florida Driver License or Florida ID Card:		
_____	_____	_____
First Name	Middle Name	Last Name

Signature of Disabled Person, Parent or Guardian of Disabled Person

Florida Driver License Number or Florida Identification Card Number

If applicable, check one of the following: I am a frequent traveler. I am a quadriplegic.

If a change of address is needed please complete below:

Street Address		
_____	_____	_____
City	State	Zip Code

**Please mail renewal to:
PINELLAS COUNTY TAX COLLECTOR
PO BOX 749
CLEARWATER, FL 33757-0749**