

Town of Ridgefield Parking Authority
Request for Assistance Form

Date _____

Your Name _____

Your Address _____

Best Contact Phone Number _____

Name of Business (If applicable) _____

Location of the parking area you are requesting assistance for:

Please check which best describes your type of request:

Lot Lease Request Missing Signs or Markings

Snow Removal Enforcement

Fire Lanes Handicapped Parking

Permit Electric Vehicle Charging

Request to be put on meeting agenda Other

Please describe the concern that you would like our help with:

Your request will be brought up at the next scheduled meeting of the Parking Authority. (Dates and Times of meetings are on the Town of Ridgefield website / Click on Committees, then Parking Authority.) A member of the Parking Authority will contact you regarding your request to help assist you further.

Date Received by Parking Authority _____