

	RI Governor's Commission on Disabilities		
	RI GCD Form K-1. Disability Parking Enforcement Plan		
Law Enforcement Agency			
Agency Address			
City, State & Zip Code			
Contact Person Name & Title			
Office Phone #		Fax #	
Email address			
Type of Enforcement Program <input checked="" type="checkbox"/> check one or more:			
Utilizing persons, deputized solely for the disability parking enforcement enhancement program.	on-duty police officers	officers to be paid overtime	
	auxiliary personnel	special forces	
	retired personnel	other paid employee deemed by the	
	Other Enforcement program (describe in narrative below)	responsible authority to be competent and qualified	
Description of the Enforcement Program (attach additional sheets if necessary):			
Date Signed		Name & Title	
Signature			
<p> <i>Emailed this form to disabilities@gcd.ri.gov if signed with an electronic signature or mail to the:</i> RI Governor's Commission on Disabilities John O. Pastore Center, 41 Cherry Dale Court Cranston, RI 02920-3049 <i>and keep a copy of the completed form for you records</i> </p>			