

**MOTORIST SERVICES
PARKING ABUSE COMPLAINT FORM**

This is a complaint about misuse of a:

Disability Placard Handicap License Plate Improper Use of Parking Space

The vehicle's license plate number is: _____

Other markings on the plate include ("taxi," "commercial"): _____

The Disability Placard number (if applicable) is: _____

Location of abuse (address, city/town, near landmark): _____

Description of vehicle: _____

Description (and/or name) of person abusing HP parking:

Describe activity leading you to believe this is a case of Handicap Parking abuse: _____

This form must be signed to be processed.

Signature: _____ Date: _____

Print Name: _____

Daytime Telephone Contact Number: _____

Current Mailing Address: _____

Note: Please attach additional pages if necessary. Also, please attach copies of ALL supporting documents, including photos and any other documents relating to your complaint.

Please mail this form to:

Fraud/Motorist Review Unit
2900 Apalachee Pkwy, Rm A327, MS-87
Tallahassee, FL 32399

You can also email this form to fraud@flhsmv.gov or fax to 850-617-3945.