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 B361, MS-69
Tallahassee, FL 32399

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