



**CITY OF WILMINGTON, DELAWARE
FINANCE DEPARTMENT, REVENUE DIVISION**

**PARKING STICKER APPLICATION FOR IN-HOME CARE PROVIDER
TO A CHILD, ELDERLY PERSON, OR PERSON REQUIRING MEDICAL CARE**

Name of Resident: _____

Address of Resident: _____

Home Phone # of Resident: _____

Signature of Resident _____ Date _____

Name of In-Home Care Provider: _____

Address of In-Home Care Provider: _____

Phone # of In-Home Care Provider: _____

State and License # of Vehicle: _____

State and License # of Driver: _____

Is the In-Home Care Provider being paid for their services: Yes No

If yes and an employee of resident, Provider's Tax Identification #: _____

If yes and not an employee of resident:

Name of Provider's Employer: _____

Provider or Employer's City Business License #: _____

Signature of Provider _____ Date _____

Division of Revenue Approval _____ Date _____

Notes:

- Present this application and supporting documents in person to the Division of Revenue, Louis L. Redding City/County Building, 800 N. French Street, 1st Floor.
- You may fax the signed application and supporting documents to (302) 571-4087, Attn: Parking Enforcement. Faxing application may delay receipt of permit.
- Making a false written statement on this application shall constitute the denial and/or revocation of the permit.
- Parking stickers must be attached and displayed on the right side of the rear bumper.
- The vehicle to which the sticker will be applied must be owned or leased by the care provider.
- The vehicle cannot have any unpaid outstanding parking tickets.