



Handicapped Parking Request Form High Holidays 5778 (2017)

Name: _____

Address: _____

Telephone and/or Email Address: _____

I require handicapped parking on the following dates (check all that apply):

Rosh Hashanah

Wednesday Evening, September 20

Thursday, September 21

Friday, September 22

Yom Kippur

Friday Evening, September 29 (Kol Nidre)

Saturday, September 30, Morning Services

Saturday, September 30, Afternoon
Programs/Services

**Please enclose a copy of your
state-issued handicapped parking permit
with this form and return**

NO LATER THAN SEPTEMBER 6 TO:

**Eileen Robin
Temple Sholom
300 East Putnam Avenue
Greenwich CT 06830
Fax: 203-661-4811**