



Parking Abuse Complaint Form Disability Parking Placards and Plates

Registry of Motor Vehicles • Medical Affairs P.O. Box 55889 • Boston, MA 02205-5889 Phone: (857) 368-8020 • Fax: (857) 368-0018

Individual disabilities are not always visible; therefore the RMV asks that reports be based on facts or personal knowledge rather than suspicions. For example, if you see a person carrying a load of bricks to her/his vehicle, which is parked in a disabled parking space with a placard hanging from the mirror, this would likely be reportable. On the other hand, if you see a person walking with no apparent difficulty into the grocery store from her/his vehicle, but you have no other indications of abuse, this may not be an indication of parking abuse. While the RMV cannot give you information about the outcome of a complaint, an individual found to be misusing a Disabled Parking Placard or Plate is subject to fines, loss of disabled parking privileges, and even license suspension.

A. Complaint Informa	ation		
This is a complaint about m	isuse of a: Disability Parking Plate or	☐ Disability Placard	
Vehicle License Plate #	Other Markings on Plate ("Taxi," "Com	mercial") Disability Placar	d # (If applicable)
Location of Abuse (Address, city/to	own, near landmark)		
Street Address	City	State	Zip Code
Description of Vehicle			
Description (and/or Name) of Pers	on Abusing Disabled Parking		
Describe activity leading yo	u to believe this is a case of Disabled Parkin	ng abuse:	
B. Signature (this form	n must be signed to be processed)		
I certify under the penalty knowledge.	of perjury that the information I have pr	ovided is true and co	rrect to the best of my
Signature:		_ Date:	
Print Name		Daytime Telephone Con	tact #
Dlagge mail this form to	Degistry of Motor Vahiolog		
Please mail this form to:	Registry of Motor Vehicles PARKING ABUSE		
	P.O. Box 55889		

Or Fax this form to: 867-368-0018

Boston, MA 02205

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