

# City of Mackinac Island Police Department

7374 Market Street, P.O. Box 188  
Mackinac Island, MI 49757  
Phone: 906-847-3300

## **MOBILITY DISABILITY ACCOMMODATION APPLICATION** **FOR ELECTRIC CYCLE**

### **Directions:**

Applicants, please complete this application in full. Attach the required "credible assurance" that the device is required because of a mobility disability and photographs of the requested device as specified in Section 1. "Credible assurance" means assurance that the device is required because of a disability and may include the following: (1) a valid state-issued disability parking placard or card; (2) a state-issued proof of disability; or (3) a statement from a medical provider confirming that the device is required because of a disability.

Complete applications may be emailed to the Mackinac Island Police Department at \_\_\_\_\_@MIPD.org, or sent to the address provided above. Applications must be submitted no less than 14 days prior to the applicant's date on which the requested accommodation is needed. Applications cannot be processed without all fields completed, all attachments provided, and the applicant's signature in Section 2 and Section 4.

"Electric cycle" refers to the permitted class 1 and 2 e-trikes and class 1 e-bikes as defined in Section 1.

### **1. Electric Cycle Information**

A qualified individual with a mobility disability is an individual who has a physical impairment that substantially limits the ability of the individual to pedal a bicycle; and despite the person's physical limitations, he or she is capable of safely operating an electric assist cycle.

For qualified individuals with a mobility disability, a reasonable accommodation for the act of cycling within the City limits of Mackinac Island may be permitted if (1) the use of the electric cycle is necessary to reasonably and safely accommodate the mobility disability of that individual; and (2) that electric cycle qualifies as one of the following:

- A two-wheeled bicycle or three-wheeled tricycle that satisfies all of the elements of the definition of "class 1 electric bicycle" contained in section 13e of the Michigan Vehicle Code, 1949 PA 300, MCL 257.13e:
  - A device equipped with
    - A seat or saddle for use by the rider.
    - Fully operable pedals for human propulsion.
    - An electric motor of not greater than 750 watts.
    - An electric motor that provides assistance only when the rider is pedaling and that disengages or ceases to function when the electric bicycle reaches a speed of 20 miles per hour.
- A three-wheeled tricycle that satisfies all of the elements of the definition of "class 2 electric bicycle" contained in section 13e of the Michigan Vehicle Code, 1949 PA 300, MCL 257.13e:
  - A device equipped with
    - A seat or saddle for use by the rider.
    - Fully operable pedals for human propulsion.
    - An electric motor of not greater than 750 watts.
    - A motor that propels the electric bicycle to a speed of no more than 20 miles per hour, whether the rider is pedaling or not, and that disengages or ceases to function when the brakes are applied.

A. Please identify the details of the applicant's specific electric bicycle for which they are requesting a reasonable accommodation:

|               |           |                  |
|---------------|-----------|------------------|
| Brand/Make    | Model     | Class            |
| Serial Number | Max Speed | Number of Wheels |
| Wattage       | Color     | Voltage          |

B. Please answer YES or NO to the following questions regarding the details of the applicant's specific electric cycle for which they are requesting a reasonable accommodation:

1. \_\_\_\_\_ Does your electric cycle have a seat or saddle for use by the rider?
2. \_\_\_\_\_ Does your electric cycle have fully operable pedals for human propulsion?
3. \_\_\_\_\_ Does your electric cycle have an electric motor that provides assistance only when the rider is pedaling?
4. \_\_\_\_\_ Does your electric cycle have an electric motor that disengages or ceases to function when the electric bicycle reaches a speed of 20 miles per hour?
5. \_\_\_\_\_ Does your electric cycle have a permanently affixed label which identifies the Class, Max Wattage, and Max Speed, of the device?
6. \_\_\_\_\_ Has your electric cycle been modified in any way?
  - a. \_\_\_\_\_ If "YES," did the modification increase the maximum speed, increase the voltage, add a throttle, or remove seats or pedals?
  - b. \_\_\_\_\_ If "YES," did the modification remove or destroy a throttle?
    - i. \_\_\_\_\_ If "YES," was the removal of the throttle permanent?
7. \_\_\_\_\_ Does your electric cycle have a throttle?
  - a. \_\_\_\_\_ If "YES," does your electric cycle have three wheels?

C. **\*\*Please attach to this application** clear photographs of the applicant's specific electric bicycle for which they are requesting a reasonable accommodation, as specified below:

- The entire handlebar area from above.
- Profile of the entire electric bicycle from both sides
- Any and all labels affixed to the frame, battery, or any part of the device that contain information about the Maximum Wattage, Speed, and Voltage of your device.

## 2. Release of Information and Signature

I am applying for a reasonable accommodation for a mobility disability to use an electric cycle in the City of Mackinac Island, Michigan. I certify that I am over the age of 18; or if under the age of 18, my parent or legal guardian is signing as my representative. By providing this information and signature, I authorize the release of medical information provided herein and attached to the City of Mackinac Island. I certify the information is true and realize that by making a false statement on this application, I am subject to all penalties prescribed by law.

|   |   |   |
|---|---|---|
| Name (First, Middle, Last)                | Date of Birth                                   | Phone Number<br>( )   |
| Street Address (and PO Box if applicable) | City, State, Zip                                | Type of permit I am applying for:<br><input type="radio"/> Temporary <input type="radio"/> Annual |
| City, State, Zip                          | Dates of Requested Accommodation (if temporary) | Email Address   |
| Signature of Person with Disability<br>X  | Today's Date                                    | Signature of Representative (if applicable)<br>X  |

### 3. Medical Eligibility / Credible Assurance of Mobility Disability

Please initial to acknowledge each statement below:

\_\_\_\_\_ I understand and agree that operation of an electric cycle within the City of Mackinac Island is only permitted for a qualified person with a mobility disability after verification of credible assurance and upon issuance of an accommodation and license.

\_\_\_\_\_ I understand and agree that the definition of a "qualified person with a mobility disability" is as follows: an individual who has a physical impairment that substantially limits the ability of the individual to pedal a bicycle; and despite the person's physical limitations, he or she is capable of safely operating an electric assist tricycle/bicycle.

\_\_\_\_\_ I understand and agree that "credible assurance" means assurance that the device is required because of a mobility disability and may include a valid state-issued disability parking placard or card or a state-issued proof of disability. A statement from a medical provider confirming that the device is required because of a mobility disability may also be submitted as credible assurance.

\_\_\_\_\_ I have attached to this application documentation providing credible assurance that my operation of the Electric Bicycle is required because of a mobility disability.

### 4. Verification of Information Provided

I understand that, in addition to other possible legal remedies, any false statements made on this application may result in a civil municipal infraction under the City of Mackinac Island Code of Ordinances, the impoundment of the electric cycle by the City of Mackinac Island Police Department, or denial of this application.

I further understand that if my application is not complete, or does not meet the requirements of Chapter 66, Article IV, Section 66-167 of the City of Mackinac Island Ordinance, this application will not be approved.

I understand that I may have the right to appeal my denial. In the event the applicant provides the police department with a reasonable amount of time between the denial and the requested accommodation dates, a denial of the application may be appealed by requesting a review from, or reconsideration by, the chief of police. A reasonable amount of time shall be not less than one week from the date the applicant wishes to bring the electric cycle to the City.

I understand that even if my application for a reasonable accommodation is granted, the City of Mackinac Island makes no guarantees that the applicant will be able to transport their electric bicycle to Mackinac Island. It is my responsibility to work with the ferry boat provider to determine whether my electric bicycle will be able to be transported to Mackinac Island.

I understand that approval of this application does not provide me with a permanent approval of such accommodation, and the accommodation is valid only for the dates of the requested accommodation.

I understand that, if this application is approved, I must at all times follow all local and state rules, ordinances, and laws related to my use of this electric cycle, including but not limited to the speed limits within the City of Mackinac Island, which enforces a maximum speed of 15 mph and 10 mph in the downtown business district.

**I DECLARE UNDER PENALTY OF PERJURY THAT THE ALL INFORMATION AND STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT. EXECUTED ON \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.**

/S/ \_\_\_\_\_

(Printed \_\_\_\_\_)