

7. I further understand that the willful and false claim or certification of a mobility disability under this sworn affidavit shall subject me to fines and/or other legal ramifications.

Further affiant sayeth not.

I DECLARE UNDER PENALTY OF PERJURY THAT THE ALL INFORMATION AND STATEMENTS MADE IN THIS AFFIDAVIT OF MOBILITY DISABILITY ARE TRUE AND CORRECT. EXECUTED ON ____ DAY OF _____, 20__.

Affiant Signature and Printed Name:

/S/ _____
_____ (Printed)

Subscribed and sworn to before me this ____ day of _____ 20__.

_____, Notary Public
_____ County, Michigan
My Comm. Expires: _____
Acting in _____ County, Michigan

EXHIBIT A

I certify that I am a qualified person with a mobility disability and that I meet the following conditions, as a person with a mobility disability:

(Initial)

1. _____ I cannot walk two hundred feet without stopping to rest.
2. _____ I cannot walk without the assistance of another person, walker, cane, crutches, braces, prosthetic device, or wheelchair.
3. _____ I am restricted by a lung disease to such an extent that my forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air at rest.
4. _____ I use portable oxygen.
5. _____ I have a cardiac condition to the extent that my functional limitations are classified in severity as Class III or Class IV, according to the standards by the American Heart Association.
6. _____ I have a diagnosed disease or disorder, including a sever arthritic, neurological, or orthopedic impairment, which creates a severe mobility limitation.
7. _____ I am a qualified person with a mobility disability with another physical impairment that substantially limits the ability of the individual to pedal a bicycle. Describe: _____

EXHIBIT B

(City Ordinance