



APPLICATION FOR RESIDENTIAL PARKING FOR PEOPLE WITH DISABILITIES

Please print or type all information clearly and include a copy of your vehicle registration, driver's license, disabled parking wallet card & placard from the DMV.

Applicant's Name: _____

Address: _____

Telephone: _____ Date of Birth: _____

Please answer all of the following questions completely. Failure to do so will result in the return of your application.

1. What is the nature of your disability? _____

2. Explain why you are in need to a physically disabled parking space in front of your home:

3. Do you have a garage or other off-street parking available? (circle one) YES NO

4. Pennsylvania physically disabled license plate number of vehicle (HP/PD/DV): _____

5. Are you the property owner of the address on the application? YES NO

If no, list name of property owner: _____

APPLICANT'S CERTIFICATION

I am aware that it is my responsibility to file a complete application. I understand that the application will be returned to me if it is found to be incomplete, illegible, or otherwise not filed in compliance with the instructions.

I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that any false statements made herein are subject to the penalties under 18PaC.S. Section 4904, relating to unsworn falsifications to authorities.

Applicant's Signature: _____ Date: _____

Received by: _____ Date: _____

Recommendation (circle one) Approval Denial Initial: _____