

BOROUGH OF DRAVOSBURG

APPLICATION FOR A HANDICAPPED PARKING SPACE

Pursuant to Pennsylvania Vehicle Code 3354 (d-2)

*Only Handicap License Plates Will Be Considered, **NO PLACARDS**

Permit Must Be Renewed Every Two (2) Years

Date: _____ Sign Installation Fee \$35.00

Payable To: Borough of Dravosburg

Name of Applicant: _____

(Please Print)

Address: _____

Telephone Number: _____

License Plate Number: _____

1. Do you have access to off street parking? _____ Yes _____ No

2. Do you own or have access to a garage? _____ Yes _____ No

3. Will you park your vehicle at the designated spot on a regular basis? _____ Yes _____ No
If No, please explain

4. How many vehicles do you own? _____

*PLEASE ENCLOSE A PHYSICIAN'S REPORT WITH THIS REQUEST.

If I gain access to off street parking, a garage, or cease to require this handicapped parking space, I will notify the Borough of Dravosburg within 30 days. I understand that I must comply with all Pennsylvania Vehicle Laws and Town Ordinances if granted a reserved handicap parking space.

Applicant Signature: _____

FOR RENEWAL USE ONLY: (No Fee)

1. Do you park your vehicle at the designated spot on a regular basis? _____ Yes _____ No
If No, please explain

FOR OFFICE USE ONLY:

AUTHORIZED FOR A HANDICAPPED PARKING SPACE

Borough Mayor _____ Borough President of Council _____

Date Approved _____