

224 North Street
Marion Heights, PA 17832

APPLICATION FOR HANDICAPPED PARKING SPACE PERMIT

NEW APPLICATION _____ RENEWAL APPLICATION _____

NAME _____

ADDRESS _____

PHONE _____

HANDICAPPED LICENSE PLATE # _____

HANDICAPPED PLACARD # _____ EXP DATE _____

REASON FOR REQUESTING A HANDICAPPED PARKING SPACE PERMIT:

___ APPLICANT IS WHEELCHAIR-CONFINED

___ PERSON REQUESTING PERMIT IS CARING FOR AN INDIVIDUAL WHO HAS
A SEVERE PHYSICAL OR MENTAL DISABILITY

___ APPLICANT IS UNABLE TO WALK A DISTANCE OF 50 FEET
(APPLICANT MAY BE ASKED TO PERFORM THIS AND/OR PRODUCE
DOCUMENTATION VERIFYING THIS CONDITION)

___ APPLICANT HAS SEVERE CARDIOPULMONARY INSUFFICIENCY THAT
REQUIRES THE USE OF AMBULATORY OXYGEN

___ APPLICANT REQUIRES THE USE OF PROSTHETIC DEVICES THAT
RESTRICT NORMAL AMBULATION

___ APPLICANT HAS OTHER PHYSICAL OR MENTAL LIMITATIONS THAT ARE
SEVERE ENOUGH TO WARRANT A HANDICAPPED PARKING SPACE
(PLEASE SPECIFY) _____

SIGNATURE

DATE