

BOROUGH OF SHILLINGTON
APPLICATION FOR HANDICAPPED PARKING SPACE PERMIT

NEW _____ RENEWAL _____

Location of space applied for: Street _____ House No. _____

Name of Applicant: _____

Address: _____

Telephone No.: _____

Handicapped License Plate No. _____ State _____

Handicapped Placard No. _____ Expiration Date _____

REASON FOR REQUESTING A HANDICAPPED PARKING SPACE PERMIT:

- Applicant is caring for an individual who has a physical or mental disability
Name of Individual _____
Address _____
Disability _____
- Applicant is wheelchair confined
- Applicant is unable to walk a distance of fifty (50) feet.
(Applicant may be asked to produce documentation verifying this condition.)
- Applicant has severe cardiopulmonary insufficiency that requires use of ambulatory oxygen.
- Applicant requires use of prosthetic devices that restrict normal ambulation (includes canes, walkers, etc.)
- Applicant has physical or mental limitations that are severe enough to warrant a handicapped parking space:
Specify _____

Affirmation That Information Supplied Is True and Correct:

Signature of Applicant

Date

Date Received _____ Date Action Taken _____

Approved _____ Rejected _____ Permit No. _____