

BOROUGH OF GLASSPORT

APPLICATION FOR HANDICAPPED PARKING SPACE

Name of Applicant _____

Address: _____

Applicant's Telephone: () _____

Applicant's Physician: _____ Telephone No.: () _____

APPLICANT'S VEHICLE INFORMATION FOR PARKING SPACE

License Plate No.: _____ Make: _____ Model: _____

Vehicle Color: _____ Year: _____ Placard No: _____

Does the property for which this application for handicap space is being requested have a garage or other off-street parking available? Yes _____ No _____. If yes, describe in detail.

Is this request for a temporary ___ or permanent ___ space? (please check one)

Signature of Applicant: _____ Date: _____

Reason of Disability: _____

Signature of Physician _____ Date: _____

Signature of Resident _____ Date: _____

(do not write below this line)

Reviewed by: _____ Date: _____

Approved: _____ Rejected: _____

Comments: _____

