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:**_____

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(do not write below this line)

Reviewed by:_____ **Date:**_____

Approved:_____ **Rejected:**_____

Comments:_____

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