

BOROUGH OF CORAOPOLIS
APPLICATION FOR HANDICAPPED PARKING SPACE

Return completed application to Borough Administration Office for processing.

Name of Applicant: _____

Address Where Applicant Lives: _____

Mailing Address (if different): _____

Home or Cell Telephone Number of Applicant: _____

Applicant's Physician's Name: _____

Physician's Phone Number: _____

Information of vehicle owned by Applicant which will occupy the parking space:

License Plate Number: _____ Make of Vehicle: _____

Color of Vehicle: _____ Year of Vehicle: _____

Does the property for which this space is being requested have a garage or other off-street parking available? YES _____ NO _____ (If YES — describe: _____)

Is this request for temporary space or permanent space? _____ If yes, for how long _____

By signing this form, you agree that all the information you have given is true and correct to the best of your knowledge. You also permit the Borough's Authorized Official to investigate all the above information. Any false or missing information given will render this application void.

Further, you understand that parking in such space is not exclusive to applicant, but is available to any person's vehicle bearing a handicapped or severely disabled veteran license plate.

Signature of Applicant

DATE

FOR OFFICIAL USE ONLY — DO NOT WRITE BELOW THIS LINE

Does the applicant have a H/C License Plate? _____

Is the vehicle in applicant's name? _____

Is there off-street parking? _____

Is there a garage/driveway available to applicant? _____

Reviewed by: _____

Date: _____

Approved by: _____

Rejected by: _____

Comments/Reasons: _____
