

**BOROUGH OF PORT VUE**  
1191 ROMINE AVENUE  
PORT VUE, PA 15133

**APPLICATION FOR HANDICAP PARKING SPACE**

Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Handicapped Applicant: \_\_\_\_\_

Address of Handicapped Applicant: \_\_\_\_\_

Handicap Tag Permit # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

In order to document this claim, the following is required:

1. A letter from your doctor stating why a parking space is necessary for your condition.
2. A photocopy of your state handicap permit.

Does your residence have a private drive? Yes \_\_\_\_\_ No \_\_\_\_\_

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In order to retain a handicap space, it is necessary for you to complete this form and return it to the Borough Municipal Building at the above address. If your application is approved you will be notified by mail. Upon approval, there is a one-time fee of \$42.00 for the cost of the handicap parking sign and an annual reapplication fee of \$5.00.

I do hereby certify that the above information is true and correct and that I possess a handicapped license plate or placard issued to me by the Commonwealth of Pennsylvania due to a physical handicap.

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Signature of Applicant

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Date

BOROUGH OF PORT VUE

Application for Handicap Parking Permit

**Part I**

(To be completed by applicant – PLEASE PRINT)

Vehicle Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Handicap License Plate Number: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Vehicle Make/Model: \_\_\_\_\_

I certify that all of the information provided on this application is true, complete and correct to the best of my knowledge and belief. I understand that any false statement on this application shall be considered cause for the loss of handicap parking permits and privileges.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**Part II**

(Police Department Verification )

Is handicap license plate valid/verified? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Date)

**Part III**

(Borough Manager Review)

Is handicap permit issued/renewed? Yes \_\_\_\_\_ No \_\_\_\_\_

If denied, state reason: \_\_\_\_\_

Expiration date of approved Permit: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Issuer)

\_\_\_\_\_  
(Date)