

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 _____

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.

Signature of Applicant

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)