

2018 ANNUAL RENEWAL APPLICATION
FOR HANDICAPPED PARKING SPACE

Return completed application to Borough Administration Office for processing before June 15, 2018.

*** If not received by June 15, 2018 – removals will begin June 18, 2018 without further notice. ***

Name of Applicant: _____

Physical Address -Where Applicant Lives: _____, **Ambridge**

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?

NO _____ YES _____

(If YES – describe : _____)

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 to be true. Any false or missing information given will render this application invalid and Handicap Sign will be removed immediately without further notice.

**** Please note it is your responsibility to report to the Borough if you no longer need this sign or have moved ****

X _____
Signature of Applicant **DATE**

APPLICANT: THIS SECTION FOR OFFICAL USE ONLY-- DO NOT WRITE BELOW THIS POINT

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: _____ ****OR**** Rejected by: _____

Comments/Reasons: _____