

BOROUGH OF AMBRIDGE
APPLICATION FOR HANDICAPPED PARKING SPACE

*Please **PRINT** information & Return completed application to Borough Administration Office for processing.*

Name of Applicant: _____

Address Where Applicant Requesting Space: _____

Mailing Address (if different): _____

Home and/or Cell Telephone Number of Applicant: _____

Applicant's Physician's Name _____ Office Phone: _____

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): _____

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 & correct to the best of your knowledge & you further agree to renew your space annually as required or your space may be removed.*
- *You agree to withdraw your need for a HANDICAP SPACE when no longer needed in a timely manner.*
- *You also permit the Borough's Authorized Official to investigate all the above information to be true.*
- *Any false or missing information will render this application invalid.*

X _____

Signature of Applicant

DATE

APPLICANT: THIS SECTION FOR POLICE OFFICIAL 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: _____

POLICE Suggested Approval (initials): _____ ****OR**** POLICE Rejection (initials): _____

Comments/Reasons: _____

(if more space needed – please made an attachment)