Handicapped Parking Space Application

Section A				
Applicant Information				
Name	Telephone Number			
Street Address				
Section B				
Vehicle In	nformation			
Owner's Name	Driver's License Number			
Owner's Address (Including city, state and zip code	y.)			
License Plate Number and Expiration Date				
Vehicle Make & Year				
If not your vehicle, why are you requesting a zone f	or a vehicle not registered to you?			
Section C				
Property Owners	of Rental Residents			
(Applicant's name) has advised me that he/she has space, and if approved the Borough would install hor partially along my rental property.				
Signature	Date			
Print Name	L			
Telephone number				

Please Answer The Following Questions				
What is the nature of your disability?				
Explain why you believe you require a reserved zon	e?			
Do you use a wheelchair?	Yes			
50 you use a wheelerian:		No		
If not, do you use any other implement to add mobili	ty?			
Crutches Braces	Other Security			
Do you have a garage or any other off street parking off yes, please explain why you are requesting a rese street parking space.		No		
Do you have a hanging handicap placard? If yes, what is the placard Number and date it expire You must have a placard before you can receive handicapped parking space.		No		
Are you the property owner?	Yes	No		
If yes , please skip section D If no , please complete section D				
How wide is your residence? Feet				
If less than 20 ft. Complete section E.				
Any other handicap Parking spaces on your block? If yes, please list address(s):	Yes	No		
Is there a fire hydrant along your frontage? Section D Section E	Yes	No		
Notification T	o Neighbors			
(Applicant's Name)		has advised me that he/she		
has applied for a handicapped persons parking space handicapped parking only signs completely or partia		ugh would install		

Adjacent property owner/occupant to the left	Adjacent property owner/occupant to the right			
Name (please print)	Name (please print)			
Signature	Signature			
Address	Address			
Phone Number	Phone Number			
Please Note: If parking is not permitted along the applicant's side of the street the Borough might request the applicant to notify the neighbors on the other side of the street.				
Siç	gnature Section			
I hereby make application for a handicapped parking space in accordance with section 3354 (d) of the PA vehicle code, Title 75 and with the disabilities listed above. It is a crime to give false or misleading information on this application. Falsification will lead to fines such as the ones in paragraph 4904 (2) of the PA Crimes Code, Title 18. I hereby understand by signing this application I agree to notify the Borough of Mount Joy immediately if and when I move from the address set forth on this application or no longer have a disability or no longer possess a valid handicapped registration plate or placard.				
Signature Date				
Physicians Statement				
Patient's Name				
Applicant's disability (diagnosis)				
Describe disability in detail (Functional Ab	ilities)			
Does the applicant need to be lifted in or o	out of the vehicle? Yes No			

Applicant suffers from severe limitation in the ability to w	alk due to arthritic	, neurological or
orthopedic condition which prevents them from walking	200 feet without st	opping to rest?
	Yes	No
Applicant is medically required to use portable oxygen?		
	Yes	No
Applicant has limited or no use of one or both legs?	Yes	No
Applicant suffers from serious cardiac condition to the ex	xtent that the perso	on's functional
limitations are classified in severity as Class III or Class	IV according to the	e standards set by
the American Heart Association?	Yes	No
Does the applicant suffers from any other physical or me	ental impairment n	ot heretofore
mentioned which constitutes a substantial degree of disa	ability and imposes	great difficulty on
applicant walking more than 200 feet without stopping?	Yes No	
Prognosis for the applicant's recovery?		
Applicant's disability:	Temporary	Permanent
In your opinion, do you feel that the applicant qualifies for	or a reserved parki	ng space on
or near the street of his/her residence?	Yes	No
It is a crime to give false or misleading information on th	is statement. Fals	ification could lead
to importation of fines as provided in section 4904, PA		
Date:		
Physician's signature:		
Physician's state license Number:		