

Handicapped Parking Space Annual Renewal Application

Section A

Applicant Information	
Name	Telephone Number
Street Address	

Section B

Vehicle Information	
Owner's Name	Driver's License Number
Owner's Address (Including city, state and zip code.)	
License Plate Number and Expiration Date	
Vehicle Make & Year	
If not your vehicle, why are you requesting a zone for a vehicle not registered to you?	

Section C

Please Answer The Following Questions	
What is the nature of your disability?	
Explain why you believe you require renewal of a reserved zone?	
Do you use a wheelchair?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, do you use any other implement to add mobility?	
Crutches <input type="checkbox"/> Braces <input type="checkbox"/> Other Security <input type="checkbox"/>	
Do you have a garage or any other off street parking? If yes, please explain why you are requesting a reserved on street parking space.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a hanging handicap placard? If yes, what is the placard Number and date it expires. You must have a placard before you can receive a handicapped parking space.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature Section
<p>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.</p> <p>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.</p> <p>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.</p>
Signature
Date