

FOR BOROUGH OFFICE USE ONLY:
RECEIVED _____
MEETING DATE _____
APPROVED _____
DENIED _____
REMARKS _____

BOROUGH OF TAMAQUA
320 EAST BROAD STREET, TAMAQUA, PA 18252

APPLICATION FOR HANDICAPPED PARKING SPACE PERMIT

NEW APPLICATION _____ RENEWAL APPLICATION _____

TEMPORARY SPACE _____ (temporary, short-term disabilities, see Section A, #7)
PERMANENT SPACE _____ (permanent, life-long disabilities, see Section A, #5)

NAME _____

ADDRESS _____

PHONE _____ CELL PHONE _____

HANDICAPPED LICENSE PLATE# _____ PLACARD# _____

ATTACH A MEDICAL REPORT (NOT JUST A PRESCRIPTION) FROM YOUR TREATING PHYSICIAN THAT DESCRIBES YOUR HANDICAP AND/OR DISABILITY AND HOW THIS CONDITION AFFECTS YOUR ABILITY TO UTILIZE THE CURBSIDE PARKING OFFERED TO THE GENERAL PUBLIC.

WHERE DO YOU WANT A HANDICAPPED PARKING SPACE? (ATTACH DIAGRAM, IF POSSIBLE)

REASON FOR REQUESTING A HANDICAPPED PARKING SPACE PERMIT:

- _____ APPLICANT IS WHEELCHAIR CONFINED.
- _____ APPLICANT REQUIRES THE USE OF PROSTHETIC DEVICES THAT RESTRICT NORMAL AMBULATION.
- _____ APPLICANT HAS OTHER PHYSICAL OR MENTAL LIMITATIONS SEVERE ENOUGH TO WARRANT A HANDICAPPED PARKING SPACE (EXPLAIN AND BE SPECIFIC)

Fee for New or Renewal Applications (must be submitted with application): \$25.00

All disabled veterans of any branch of the armed forces are exempt from all fees.

Make checks or money orders payable to: "Borough of Tamaqua"

Under the criminal penalties prescribed by Section 4904 Of the PA "Crimes Code" (18 Pa. CSA S-4904) for making a false statement to a public official or public body. I hereby verify to the Borough of Tamaqua that the facts set forth in this Application are true and complete to the best of my knowledge.

SIGNATURE

DATE