

MT WOLF BOROUGH

345 Chestnut St., P.O. Box 458, Mt Wolf, PA 17347

Phone: 717-266-3211 Fax: 717-384-6945

www.mtwolfborough.com

HANDICAPPED PARKING SPACE

Application OR Renewal

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

All applications must include a Certificate of Disability from your doctor and a copy of the Handicapped Placard issued by the State of Pennsylvania.

Last Name:		1 st Application: <input type="checkbox"/>
First:	M.I.:	
Date of Birth:		
Street Address:		
City: Red Lion	State: PA	Zip: 17356
Phone #:		
Email:		
Location of Handicapped Parking Space:		
Applicant's Disability Status:		
Permanent:		<input type="checkbox"/>
Temporary:		<input type="checkbox"/>
Cleared of Disability:		<input type="checkbox"/>
(APPLICANT MUST RENEW BY JANUARY 31ST OF EACH YEAR)		
Information to be attached to this Application:		
Certification of Disability: <input type="checkbox"/>		
Copy of PA State Handicapped Placard: <input type="checkbox"/>		
I certify that the above information is true and complete to the best of my abilities.		
Signature of Applicant: _____		Date: _____
For Official Use		
Date: _____		
Received by: _____		