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## Application for Handicapped Parking Space Permit

Check One:  New Application  Renewal Application

If a Renewal Application, List the Space or Permit # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Handicapped or DV License Plate Number \_\_\_\_\_

Handicapped Placard Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Attach Copy of PA MV-145A:  Yes  NO

Describe in your own words why you require a handicapped parking space:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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*For Office Use Only*

Permit Approved \_\_\_\_\_ Date \_\_\_\_\_ Initial \_\_\_\_\_

Permit Unapproved \_\_\_\_\_ Date \_\_\_\_\_ Initial \_\_\_\_\_

Rev 2015