

# WEST WYOMING BOROUGH

## HANDICAPPED PARKING SIGN APPLICATION

### Vehicle Ownership Information

Name: \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Current Tag Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### Certification from Pennsylvania Physician - (This section must be completed in full)

This is to certify that \_\_\_\_\_ (Patient Name) is under my care and has the following condition \_\_\_\_\_ which is a disability and qualifies the person to apply for a handicap designated parking space.

Physician's Name (Print): \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Medical License Number and State: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office City, State, Zip: \_\_\_\_\_

Office Telephone Number: \_\_\_\_\_

Applicant Statement: I hereby make application for the handicapped parking sign listed above and certify under penalty of law that all information herein is true and correct.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant is responsible for \$50.00 Application Fee and costs associated with the purchase and installation of the handicap sign.**

-----**For West Wyoming Police Only**-----

- Application Reviewed for Completeness
- \$50.00 Application Fee Received
- Approved       Disapproved      Date: \_\_\_\_\_

**Signature of West Wyoming Borough Police Department**

**Chief of Police/Officer in Charge:** \_\_\_\_\_