



WYOMISSING POLICE

Handicapped Parking Application

PLEASE PRINT

If you are completing this application on behalf of the disabled person (applicant), please list your name below:

Person completing application	Relationship to applicant
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Applicant's Name: _____

*The following information required on this application **must** pertain to the above mentioned applicant.

Address: _____ **Zip Code:** _____

Telephone: _____ **Date of Birth:** _____

Cellphone and/or Email Address: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY:

1. What is the nature of your disability?

2. Explain why you feel that you are in need of reserved parking at your home:

3. Do you have a garage or other off street parking available? _____ **YES** _____ **NO**

4. Do you have a PA Person with Disabilities License Plate? _____ **YES** _____ **NO**

If **YES**, please provided the License Plate number: _____

If **NO**, do you have a PA Person with Disabilities Placard? Please provide the placard number



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5. If the vehicle is not registered to the disabled person, why are you requesting a zone for a vehicle not registered to you? Please be specific

6. Do you use one of the following?

Wheelchair Cane Crutches Braces Walker N/A

Other: (please specify) _____

7. Are there any type of parking restrictions on your street? YES NO

If YES, please describe: _____

8. Is your property 25 feet wide or more? YES NO

9. Do you rent the property where you are residing? YES NO

Please attach a photocopy of the Vehicle Registration AND the applicant's or designated driver's PA Driver's License as well as a copy of the Person with Disabilities Placard, if applicable.



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APPLICANT'S CERTIFICATION

I am aware that it is my responsibility to file a complete application. I understand that the application will be returned to me if it is found to be incomplete, or otherwise not filed in compliance with the instructions.

I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that any false statements made herein are subject to the penalties of 18 Pa C.S. Section 4904, relating to unsworn falsification to authorities.

Applicant's Signature

Date

OFFICE USE ONLY

_____ **Permanent**

_____ **Short-Term**

_____ **To Be Determined**

Comments: _____
