

BOROUGH OF CATASAUQUA
HANDICAP PARKING APPLICATION

1) NAME OF PERSON FOR WHOM THE HANDICAP PARKING SPACE WAS REQUESTED:

A) PROPERTY ADDRESS: _____

B) TELEPHONE NUMBER: _____

2) DOES THIS PERSON DRIVE OR IS HE/SHE DRIVEN EVERYWHERE? _____

3) DO YOU HAVE OFF-STREET PARKING AVAILABLE ON YOUR PROPERTY? _____

4) WHAT IS THE CURRENT HANDICAP LICENSE PLATE NUMBER? _____

- NOTES: 1) COUNCIL ONLY CONSIDERS REQUESTS FROM RESIDENTS WITH HANDICAP LICENSE PLATES, NOT PLACARDS.
- 2) IF A REQUEST FOR A SPACE IS GRANTED, SAID SPACE IS NOT FOR THE EXCLUSIVE USE OF THE APPLICANT/RESIDENT. ANY VEHICLE EXHIBITING A PLATE OR PLACARD MAY USE THE SPACE.

(SIGNATURE)

(DATE)