

**BOROUGH OF CATASAUQUA
HANDICAP PARKING APPLICATION**

APPLICANT MUST DRIVE AND OWN A VEHICLE IN THEIR NAME

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

- A) PROPERTY ADDRESS: _____
- B) TELEPHONE NUMBER: _____
- 2) DO YOU HAVE OFF-STREET PARKING AVAILABLE ON YOUR PROPERTY? _____
- 3) WHAT IS THE CURRENT **HANDICAP LICENSE PLATE** NUMBER? _____

- NOTES:
- 1) COUNCIL ONLY CONSIDERS REQUESTS FROM RESIDENTS WHO OWN A VEHICLE WITH A HANDICAP LICENSE PLATE, NOT A PLACARD.
 - 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.
 - 3) WHEN PERSON FOR WHOM THE SPACE IS GRANTED IS NO LONGER LIVING AT THE RESIDENCE THE SPACE WILL BE REMOVED.
 - 4) ALL REQUIRED INFORMATION MUST BE PRESENT ON THIS APPLICATION BEFORE FORWARDED TO PUBLIC SAFETY COMMITTEE FOR REVIEW.
 - 5) THE POLICE CHIEF WILL MAKE AN APPOINTMENT TO VISIT YOUR RESIDENCE AND ASSESS YOUR PERSONAL REQUEST.

(SIGNATURE)

(DATE)