



MOUNTVILLE BOROUGH

21 East Main Street, P.O. Box 447, Mountville, PA 17554-0447
Telephone 717-285-5547 • FAX 717-285-2094

APPLICATION FOR HANDICAP PARKING SIGN

PLEASE BE ADVISED THAT THE APPLICANT MUST MEET THE FOLLOWING CRITERIA TO BE ELIGIBLE FOR HANDICAP PARKING IN FRONT OF THEIR RESIDENCE.

1. Applicant must own the vehicle. (Photocopy of registration required)
2. Applicant must possess a current state issued handicap placard or license plate. (Photocopy submitted for file)
3. If applicant is not the owner of property, a letter of permission from the property owner must be submitted.
4. Applicant must possess a valid PA Operators license. (Photocopy for file)

Applicant Information:

Name: _____ Phone #: _____

Address: _____

Vehicle Information:

Make: _____ Model: _____ Year: _____ Color: _____

License Plate #: _____ Expiration Date: _____

Handicap Plate: Yes No

Handicap Placard: Yes No If yes, placard #: _____

Is off-street parking available: Yes No

Address for requested sign: _____

Signature : _____ Date: _____

FOR OFFICE USE ONLY:

Approved: YES NO Date: _____