

YORK HAVEN BOROUGH

2 Pennsylvania Ave., P.O. Box 169, York Haven, PA 17370
Phone: 717-266-7261 Fax: 717-266-9429

HANDICAPPED PARKING SPACE Application OR Renewal

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY All applications must include a Certificate of Disability from your doctor and a copy of the Handicapped Placard issued by the State of Pennsylvania.		
Last Name:		1 st Application: <input type="checkbox"/> Renewal: <input type="checkbox"/>
First:	M.I.:	
Date of Birth:		
Street Address:		
City: YORK HAVEN State: PA Zip: 17370		
Phone #:		
Email:		
Location of Handicapped Parking Space:		
Applicant's Disability Status: Permanent: <input type="checkbox"/> Temporary: <input type="checkbox"/> Cleared of Disability: <input type="checkbox"/>		
(APPLICANT MUST RENEW BY JANUARY 31ST OF EACH YEAR)		
Information to be attached to this Application:		
Certification of Disability: <input type="checkbox"/>		
Copy of PA State Handicapped Placard: <input type="checkbox"/>		
I certify that the above information is true and complete to the best of my abilities.		
Signature of Applicant: _____		Date: _____
For Official Use		
Date: _____		
Received by: _____		