Borough of Ambridge
600 Eleventh St.
Ambridge, Pa 15003

HANDICAP PARKING SPACE APPLICATION

Name of applicant:_____

Address where applicant Requesting Space: _____

Mailing address (if different): _____

Home and/or cell telephone number of applicant: _____

Applicant's physician's name: _____ Office phone: _____

Information of vehicle **owned by the applicant** who will occupy the parking space:

License plate number: _____ Make of vehicle: _____

Color of vehicle: _____ Year of vehicle: _____

Does the property for which this space is being requested have a garage or other off-street parking available? NO: _____ YES: _____ (If YES, describe): _____

_____

Is this request for temporary space or permanent space? _____ If yes, for how long: _____

- *By signing this form, you agree that all the information you have given is true & correct to the best of your knowledge & you further agree to renew your space annually as required or your space may be removed.*
- *You agree to promptly withdraw your need for a HANDICAP SPACE when no longer needed.*
- *You also permit the Borough's Authorized Official to investigate the truth of the above information.*
- *Any false or missing information will render this application invalid.*

_____ _____

Signature of Applicant Date

--- SECTION FOR POLICE OFFICIAL USE ONLY-- DO NOT WRITE BELOW THIS POINT ---

Does the applicant have a H/C license plate? _____ Is the vehicle in the applicant's name? _____

Is there off-street parking? _____ Is there a garage/driveway available? _____

Reviewed by: _____ Date: _____

POLICE Suggested Approval (initials): _____ **OR** POLICE Rejection (initials): _____

Comments/Reasons: _____

_____

(if more space is needed, please add an attachment)