BOROUGH OF HALEDON

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APPLICATION FOR HANDICAPPED PARKING SPACE

Applicant Name:		
Date of Application:		
Address at Which the Sign Is Requested:		
City:	**State:**	**Zip code:**
Email Address:		

- **Is the applicant the operator of the vehicle for which the space is requested**
  __**Yes** – Please provide a copy of the applicant's driver's license and vehicle registration
  __ **No** – Space is requested to enable transportation of the applicant by another individual.

- **Does the principal transporter of the applicant reside with the applicant?**
  _____ **Yes** – Please provide a copy of the principal transporter's driver's license and vehicle registration.
  _____ **No**

- **Please explain the circumstances that necessitate the designation of a reserved handicapped parking space:**

- **Describe the preferred location for the handicapped parking space:**

- **Please provide telephone number(s) for contact should questions arise regarding this application:**
  Name _____ Phone _____
  Name _____ Phone _____

Note: If a handicapped parking space is installed at your request, it is* not *for your exclusive use. Any vehicle displaying valid handicapped identification may legally use the space.

The Borough requires annual verification of all designated handicapped parking spaces.