SOUTHMONT BOROUGH

Application for Handicapped Parking Space Permit to be used with Ordinance #456

New Application _____ Renewal Application _____

Name _____

Address _____

Phone _____

Handicapped License Plate # _____

Handicapped Placard # _____ Expiration Date _____

Reason for requesting a handicapped parking space permit:

_____ Applicant is wheelchair confined

_____ Person requesting permit is caring for an individual who has a severe physical or mental disability

_____ Applicant is unable to walk a distance of 50 feet (applicant may be asked to perform this and/or produce documentation verifying this condition)

_____ Applicant has severe cardiopulmonary insufficiency that requires the use of ambulatory oxygen

_____ Applicant requires the use of prosthetic devices that restrict normal ambulation

_____ Applicant has other physical or mental limitations that are severe enough to warrant a handicapped parking space (Please specify) _____

_____

_____ _____

Signature Date