229 Attachment 1

Borough of Lansdowne

Application for Handicapped Parking Space Permit

New Application _____ Renewal Application _____

Name: _____
(please print) Last First MI

Address: _____
No. Street

Name: _____
City State Zip

Phone _____ Email: _____

Handicapped License Plate #: _____

Handicapped Placard #: _____ Expiration Date: _____

Email Address: _____

REASON FOR REQUESTING A HANDICAPPED PARKING PERMIT:

☐ Applicant is wheelchair-confined.

☐ Person requesting a permit is caring for a person who has a severe physical or mental disability.

☐ Applicant is unable to walk a distance of 50 feet.

☐ Applicant has a severe cardiopulmonary insufficiency requiring 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:

_____

_____

_____

_____ _____
Applicant Signature Date