BOROUGH OF GORDON

324 EAST PLANE & OTTO STREETS
P.O. BOX 51
GORDON, PENNSYLVANIA 17936-0051
570-875-4909

Disability Parking Application

Name:	Age:	
Address:		
City:	State:	ZIP Code:
Phone:	Email:	Fax:
Vehicle Information		
Owner's Name:		
Owner's Address:		
City:	State:	Zip Code:
Phone:	Email:	Fax:
Vehicle Plate #:	State:	Expiration Date:
Vehicle Make, Model, & Year:		
If not your vehicle, why are you requesting a zone for a vehicle not registered to you?		
Please Answer the Following Questions		
What is the nature of your disability?		
Explain why you believe you require a reserved zone.		
Do you use a wheel chair? Yes_____ No_____		
If not, do you use any other implement to add mobility? Crutches_____ Braces_____ Walker_____ Other_____		
Do you have a garage or other off street parking? Yes_____ No_____ If Yes, please explain why you are requesting a reserved parking zone?		
Do you have a hanging handicap placard? Yes_____ No_____ If yes, what is the placard number and expiration date? Number:_____ Expiration Date:_____ You must have a placard or handicap plate before you can receive a parking space.		
Are there any other handicap parking spaces on your block? Yes_____ No_____ If yes, please list the address(s):		
Is there a fire hydrant along your frontage? Yes_____ No_____		

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Fee Section (Borough use only)	
New Application: $50_____ Check one Yearly Renewal: $10_____	Total Due:
Date of Application:	Paid By: Cash Check #:
Received By:	
Make Checks Payable To: Borough of Gordon	

Applicant's Signature

I hereby make application for a handicapped parking place in accordance with section 3354 (d) of the PA Vehicle Code, Title 75 and with the disabilities listed above.

I, the undersigned, am making this representation subject to the penalties located at 18 Pa.C.S.A. §4904 relating to unsworn falsification to authorities.

I hereby understand by signing this application I agree to notify the Borough of Gordon immediately if and when I move from the address set forth on this application or no longer have a disability or no longer possess a valid handicapped registration or placard.

Signature:	Date: