

**RIDLEY PARK BOROUGH
ANNUAL HANDICAPPED PARKING SPACE PERMIT APPLICATION**

INSTRUCTIONS: Complete Part I (Applicant's Information) and obtain a licensed physician's certification and signature acknowledging the applicant's medical condition (Part II).

PART I: APPLICANT INFORMATION

Applicant: _____

Applicant Address: _____

Applicant Phone: (home) _____ (cell) _____

Street location of Parking Space Requested: _____

Reason for Request:

(Please be as specific as possible concerning medical condition(s) and restrictions)

Applicant's Handicapped Placard Number and date issued by State: _____

Applicant's Handicapped License Number and date issued by State: _____

Applicant's Signature: _____ Date: _____

PART II – PHYSICIAN'S CERTIFICATION OF CONDITION

Physician's Name: _____

Physician's Office Address: _____

Physician's Office Phone and Hours: _____

I hereby certify that I have examined the applicant and the medical condition(s) stated above are true and correct in my medical opinion.

Date: _____

State License Number _____

(For Borough Use Only)

Approved _____

Denied _____

Public Safety Chairperson

Date: _____

Reason: