

BOROUGH OF GIRARDVILLE
APPLICATION FOR HANDICAPPED PARKING SIGN

APPLICANT INFORMATION

(Please type or print clearly in ink)

Name: _____ **Phone:** _____

Address:

Driver's License No.: _____

VEHICLE INFORMATION

Vehicle Owner Name:

Vehicle Owner Address:

Registration Plate No.: _____ **VIN:** _____

Make: _____ **Body Type:** _____ **Color:**

Vehicle equipped with special apparatus for handicapped use?

☐ Yes ☐ No

If yes, explain:

REQUIRED ATTACHMENTS

☐ Physician's letter on official letterhead stating nature of disability

☐ Copy of valid handicapped placard

TERMS AND CONDITIONS

(Initial each line)

____ 1. All criteria of Borough Ordinance No. 94-4 & 97-2, as enacted or amended, shall apply.

____ 2. A **non-refundable \$150.00 application fee** shall be paid to the Borough Treasurer to cover processing, installation, and maintenance of the sign. In cases of misuse or transfer, the sign shall be removed without notice.

____ 3. The applicant understands this fee does **not** constitute the purchase of a parking space. Any claim that the space was “bought” is grounds for immediate removal of the sign.

____ 4. This application is subject to review and approval or denial by the Borough Council of the Borough of Girardville.

____ 5. A **\$24.00 annual renewal fee** is required each calendar year and must be paid on or before **January 31**.

APPLICANT CERTIFICATION

I have read and agree to all terms and conditions stated above and hereby apply for a handicapped parking space.

Applicant Signature: _____ **Date:** _____

For Borough Office Use Only

Date Received: _____ Fee Paid: _____ Council Action: _____