



Borough of Dallastown

175 East Broad Street, Dallastown, PA 17313

Tele: 717-244-6626 Fax: 717-244-1076

www.dallastownboro.com

Application for Handicapped Parking Space

Applicant:

Name _____

Address _____

Telephone _____

Handicapped Person or Severely Disable Veteran:

(Write "Same as above" if applicant is person requiring the parking space)

Name _____

Address _____

Telephone _____

Registration number of Registration Plate or Placard assigned by PennDot to the person for whom the handicapped parking place is requested: _____

Description of the physical impairment: _____

If applicable, list device required for locomotion (i.e. wheelchair, etc.): _____

Please attach or sketch on the back of the application a drawing of your property and the preferred location of the requested parking space.

Applicant Signature _____

Date: _____