

Shoemakersville Borough

Request for Residential On-Street Handicap Space

Applicant's Name: _____

Address: _____

Phone Number: _____

1. Do you own or rent your property? _____

2. What is the nature of your disability?

3. Which of the following do you use to aid mobility?

Wheelchair Walker Crutches Cane

Other (Specify): _____

4. License plate number of the vehicle you use: _____

5. Disable Persons Placard No. (Please provide copy of Handicap ID card that was issued):

6. Issue Date: _____ Expiration Date: _____

7. In whose name is the above vehicle registered? _____

8. I cannot park in my driveway or garage because:

I do not have a driveway or garage

My driveway is not wide enough to safely exit my vehicle

My driveway is too steep to safely exit my vehicle

My garage is full

Other (Specify): _____

I understand that the Borough of Shoemakersville may remove this on-street handicap parking space at any time, if it is no longer used for its intended purpose.

Applicant's Signature: _____ Date: _____