CITY OF WASHINGTON
55 West Maiden Street
Washington, PA 15301
724-223-4200 Option 1 Ext. 6
washington.cityclerk@gmail.com

APPLICATION FOR RESERVED PARKING SPACE FOR HANDICAPPED PERSON

APPLICANT MUST HAVE HANDICAPPED PARKING PLACARD OR LICENSE PLATE PRIOR TO MAKING APPLICATION FOR RESERVED PARKING SPACE

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

PHONE NUMBER: _____

EMAIL: _____ WEIGHT: _____

HEIGHT_____

IF YOU ARE THETENANT OF PROPERTY PROVIDE LANDLORDS CONTACT INFORMATION:

OWNER NAME: _____ OWNER PHONE NUMBER_____

OWNER EMAIL: _____

NATURE OF DISABILITY:

_____

_____

WHEN DID THE SYMPTOMS FIRST APPEAR OR WHEN DID THE ACCIDENT OCCUR?

_____

_____

IS THE APPLICANT THE DRIVER OF THE VEHICLE? YES _____ NO_____

IF NOT, NAME OF THE PARENT OR MAIN DRIVER OF THE VEHICLE:

_____

RELATIONSHIP _____

DRIVERS PHONE: _____DRIVERS EMAIL: _____

Description of Parking Area (please check where appropriate)

Street Parking _____ Off-Street Parking _____

Distance from your home to nearest parking space: _____

Reason for request for the handicapped parking reserved street sign: _____

_____

_____

SIGNATURE OF DISABLED APPLICANT: _____

SIGNATURE OF PARENT OR GUARDIAN (if under 21): _____

Application will be reviewed by City Council at the next Regular Council Meeting.

THE APPLICANT/APPLICANT'S GUARDIAN IS RESPONSIBLE FOR CONTACTING THE CITY CLERK AT 724-223-4200 OPTION 1 EXT 6 TO ADVISE WHEN HANDICAP SIGN IS NO LONGER NEEDED.

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PHYSICIAN'S STATEMENT

To be completed by Physician's Office

Name of Applicant: _____

Address of Applicant: _____

Physician's Description of patient's disability: _____

_____

_____

Name of Physician: _____

Address of Physician: _____

Phone Number of Physician: _____

Physician's Signature: _____