North York Borough

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HANDICAPED PARKING SPACE PERMIT APPLICATION

INSTRUCTIONS **NEW OR RENEWAL (PLEASE CIRCLE)**

Complete Part 1 – NEW applications must obtain a licensed physicians signature acknowledging the applicants medical condition.

PART 1 - APPLICATION INFORMATION

APPLICANT: _____
ADDRESS: _____
_____

PHONE: _____

STREET LOCATION OF PARKING SPACE REQUESTED:

REASON FOR REQUEST:
Please be as specific as possible concerning medical condition(s) and restriction(s))

VEHICLE MAKE:_____ VEHICLE MODEL:_____VEHICLE YR: _____
VEHICLE COLOR: _____ LICENSE PLATE # _____

APPLICANTS SIGNATURE: _____

PART2 – PHYSICIANS CERTIFICATION OF CONDITION(S) – RENEWALS DO NOT NEED TO COMPLETE THIS SECTION UNLESS MEDICAL CONDITION HAS CHANGED.

PHYSICIANS NAME: _____
ADDRESS: _____
_____

PHONE: _____

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

PHYSICIANS SIGNATURE: _____ DATE: _____
STATE LICENSE NUMBER: _____

IF APPROVED, THE HANDICAP PARKING SPACE PERMIT MUST BE RENEWED ON AN ANNUAL BASIS

(For Borough Use Only)

APPROVED OR DENIED PERMIT# IF APPROVED _____ APPROVED BY _____

REASON DENIED IF APPLICABLE APPROVED DATE _____