

PLYMOUTH BOROUGH

P.O. BOX 246
162 WEST SHAWNEE AVENUE
PLYMOUTH, PA 18651-0246

PHONE: (570) 779-1011

FAX: (570) 779-2418

plymouthborough@comcast.net



HANDICAP PARKING FORM

NON REFUNDABLE APPLICATION FEE \$50.00

FOLLOWING TO BE FILLED OUT BY HANDICAP APPLICANT:

NAME: _____

ADDRESS: _____

PHONE # _____ **EMERGENCY PHONE #** _____

DATE: _____

***ONLY ONE HANDICAP PARKING PERMIT ALLOWED PER HOUSEHOLD. THE FOLLOWING MUST BE COMPLETED FOR THE VEHICLE IN WHICH THE PERMIT WILL BE DISPLAYED.**

VEHICLE MAKE: _____ **VEHICLE MODEL:** _____

VEHICLE YEAR: _____ **VEHICLE COLOR:** _____

VEHICLE LICENSE PLATE: _____

OPERATOR'S NUMBER: _____

SIGNATURE of HANDICAPPED PERSON: _____

***The total cost of the parking permit is \$115.00. The remaining \$65.00 is due when your permit has been approved. Please pay with a check or money order; NO CASH will be accepted.**

***REMINDER: ALL RENEWAL FEES MUST BE PAID BY CHECK OR MONEY ORDER. NO CASH WILL BE ACCEPTED.**

FOR OFFICE USE ONLY:

DATE COMPLETED: _____

PERMIT NO.: _____

COMPLETED BY: _____