

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 RENEWAL FORM ANNUAL FEE \$20.00

FOLLOWING TO BE FILLED OUT BY HANDICAP APPLICANT:

NAME: _____

ADDRESS: _____

PHONE # _____ **EMERGENCY PHONE #** _____

DATE: _____ **CURRENT PARKING PERMIT #** _____

***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: _____

***PLEASE CHECK ALL MAINTENANCE THAT YOUR HANDICAP SPACE IS IN NEED OF:**

- STICKER FOR WINDSHIELD**
- LINES PAINTED**
- SIGN/STANDARD REPAIR**

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

FOR OFFICE USE ONLY:

DATE COMPLETED: _____

COMPLETED BY: _____