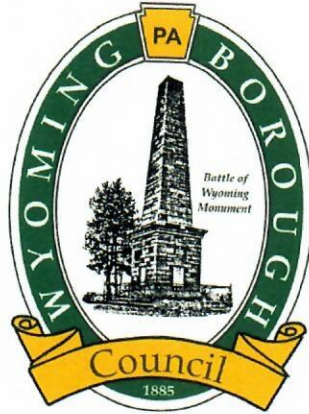


**WYOMING BOROUGH**  
**277 WYOMING AVENUE**  
**WYOMING, PA 18644**  
[wyoingboro@msn.com](mailto:wyoingboro@msn.com)  
**570-693-0291**



## HANDICAPPED PARKING PERMIT APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Sign Location \_\_\_\_\_

License Plate/Placard Type:  Handicapped  Permanently Disabled  100% Disabled Veteran

Plate/Placard #: \_\_\_\_\_

When did you apply for parking permit (please submit any copy of documentation that was presented to the Borough for consideration):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Residence/Building Information

Type of Residence:  Single  Duplex  Apartment  Other: \_\_\_\_\_

Most accessible entrance:  Front  Side  Back  Other: \_\_\_\_\_

How many feet from curb to best entrance? (Example 10 ft.) \_\_\_\_\_

Is your residence on a corner?  Yes  No

Is there parking on both sides of the street?  Yes  No

Is there a driveway available to the applicant?  Yes  No

Type of vehicle that will be used:

Compact Car  Sedan  Station Wagon  Van  Truck  SUV  Other: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Is the vehicle specially equipped?  Yes  No

Is yes, specify type of equipment: \_\_\_\_\_

Will you be operating more than one vehicle?  Yes  No

Is yes, specify type & registration: \_\_\_\_\_

Disabled Person's Signature \_\_\_\_\_

Applicant's Signature (if different from above):  
\_\_\_\_\_

**Date approved by council:** \_\_\_\_\_

**ATTACH Meeting Minutes**

**Renewal Provisions: In November of every even numbered year a renewal form will be sent out to every Borough resident that has a registered handicapped parking space. Resident must fill out the renewal form and return with \$10.00 renewal fee before December 31<sup>st</sup> of the even numbered year.**

**Application Fee \$100.00 due on approval**

**Date Collected:** \_\_\_\_\_

**Check #** \_\_\_\_\_

**Received by:** \_\_\_\_\_

<b>Renewal Year</b>	<b>Check # / \$10.00</b>	<b>Date Received</b>