

# Borough of Collingdale Application for Handicap Parking Space

## Applicant Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

## Vehicle Information

Make, Year, Model and Color \_\_\_\_\_

Registration \_\_\_\_\_

Insurance Company \_\_\_\_\_

(A copy of the current registration and insurance card must be attached)

## Information

1. This application must be filled out and returned with requested documents.
2. The vehicle must be registered to the applicant, be registered to a Borough address and have a valid handicap license plate. (No placards)
3. Attach a letter from you physician indicating the restriction on your walking distance.
4. Any vehicle with a valid handicap plate or placard may use the Handicap Parking Space.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Date Received by Police Chief \_\_\_\_\_ Approved Y / N

Approved by Council Y / N Date \_\_\_\_\_ Highway Notified Y / N