



WRIGHTSVILLE BOROUGH

601 Water Street
PO Box 187
Wrightsville, PA 17368
(717) 252-2768—PHONE
(717) 252-0725—FAX

**SPECIAL HANDICAP OR DISABLED
PARKING APPLICATION**

APPLICANT NAME _____

STREET ADDRESS: _____

TELEPHONE: _____

HANDICAPPED PERSON
(if other than the applicant) _____

REGISTRATION NUMBER
OF HANDICAP PLACARD
OR PLATE _____

DESCRIPTION OF
PHYSICAL IMPAIRMENT: _____

TIME THE SIGN WOULD BE
IN USE: _____

TEMPORARY OR
PERMANENT SIGN? _____

I CERTIFY THAT THIS APPLICATION IS CORRECT.
I FURTHER AGREE THAT IF THIS REQUEST IS GRANTED, THE BOROUGH WILL INSTALL
THE SIGN AFTER MY PAYMENT OF \$60.00 IS RECEIVED.

DATE

APPLICANT'S SIGNATURE

DATE OF BOROUGH COUNCIL REVIEW _____

REQUEST GRANTED _____

COUNCIL PRESIDENT SIGNATURE

REASON FOR DENIAL: