

Borough of Aspinwall Handicap Parking Place Request

Applicant Information:

Name			
Address			
	Aspinwall, PA 15215		
Plate Information	#		Vehicle VIN #
Placard Information	#		Expiration Date

Is this a permanent parking request: YES or NO

If no, when is the anticipated end-date: _____/_____/20_____

REQUIRED ATTACHMENTS: A copy of the Placard including number and expiration date and the identification card must accompany this application. If a HC Plate, rather than a placard is indicated above, then a copy of the current registration card for the vehicle must be provided.

I, _____ hereby make application for a Handicap Parking place within the Borough of Aspinwall and certify under penalty of law that ALL information contained herein is TRUE and CORRECT. I also agree to notify the Borough Office within 30 days if the need for the space ceases for any reason so it may be removed. I understand that I must reapply each year in July to keep the Handicap Parking Place.

Signed: _____ Date: _____

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 Received Aspinwall Borough Office on _____/_____/20_____ by: _____(initials)

Placard/wallet card copy or vehicle registration copy is attached: YES / NO

Verification by Police completed by Officer _____ date __/__/__

Decision of Public Safety: Approved / Denied signed/date _____

Work order installation date/initials _____ Installation date/initials _____

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 Request for removal by: _____ date: _____

Work order removal date/initials _____ Removal date/initials _____