

BOROUGH OF NORTH WALES
APPLICATION
RESIDENTIAL ON-STREET DISABLED SPACE

Please return completed form to:

**North Wales Borough
300 School Street
North Wales, PA 19454**

**Note: Please attach copy of handicap placard,
Vehicle Registration or Doctor's Note in
lieu of placard and registration**

Applicant's Name _____

Home Address _____

City/Zip Code _____

Telephone _____ E-mail _____

I request the installation of a Disabled Parking Zone at:

_____ My home address

_____ Different address _____

- What is nature of your disability?

- Which of the following do you use to aid mobility?

_____ Wheelchair _____ Walker
_____ Crutches _____ Cane
_____ Other (specify) _____

- License Plate number of vehicle you use: _____

- Disabled Persons Placard No. _____

- Issue Date: _____ Expiration Date: _____

- In whose name is the above vehicle registered _____

- I cannot park in my driveway or garage because:

_____ Don't have a garage or driveway
_____ My driveway is not wide enough to safely exit my vehicle
_____ My driveway is too steep to safely exit my vehicle
_____ My garage is full
_____ Other _____

I understand that the Borough may remove this on-street disabled parking space at any time if it is no longer used for its intended purpose.

Applicant's Signature

Date