

CITY OF ALIQUIPPA
581 FRANKLIN AVENUE
ALIQUIPPA, PA 15001
Fee: \$25.00

APPLICATION FOR HANDICAPPED PARKING (RESIDENTIAL ONLY)
Please complete the following (please print)

Applicant's Name: _____

Address: _____

Phone: _____ Date: _____

This Application is: _____ A Renewal _____ A New Application

Location of Space Requested: _____

If Different Location than Address, Please Explain Why? _____

Are any of the following available at the requested location?

_____ Off Street Parking

_____ Driveway

_____ Garage

If Yes, Provide explanation why it cannot be utilized? _____

Nature/Severity of Disability: _____

Name and Address of Vehicle Owner (as listed on vehicle registration): _____

HP (Handicap) or SDV (Severely Disabled Veteran) License Plate No. _____

Vehicle Make: _____ Vehicle Model: _____

Vehicle Year: _____ Vehicle Identification No.: _____

Is this vehicle modified to accommodate your disability? _____ Yes _____ No

If Yes, please explain: _____

Applicant's Signature

Signature & Relationship of Person
Completing Application if not Applicant

DO NOT WRITE BELOW THIS LINE

FOR CITY USE ONLY

Date: _____ City Official: _____

DISAPPROVED FOR THE FOLLOWING REASON(S):

_____ Falsification of Information

_____ Off-street driveway parking, garage appears to be available at residence

_____ Providing HP Reserved Parking may create an undue inconvenience to others

_____ Adequate HP Reserved Parking currently exists near residence

_____ No HP (handicap) or SDV (severely disabled veteran) license plate

_____ Current parking restrictions prohibit parking at this location

_____ Other