

\$125.00 Installation Fee - (when approved)
\$20.00 Renewal Fee

YEADON BOROUGH ADMINISTRATION

HANDICAP PARKING PERMIT

Page 1 of 2

Number: _____

Original application. ()

Renewal application ()

Date: _____

All Special Handicap Parking Permits are approved by Borough Council and renewed annually. The Approved Permit mandates the authority to have a special Handicap Parking Sign in front of your residence. This form must be completed by the original recipient of the Special Handicap Parking Privilege.

The Application form must also be completed and signed by your physician. The completed form must be returned to the Administration Offices 600 Church Lane Yeadon, Pa. 19050.

The application must be completed and signed by you and your doctor specifically outlining the reasons for a special handicap parking permit. Failure to return this renewal form, shall void this special handicap parking privilege.

Name: _____ Address: _____

_____ Telephone #: _____

Vehicle Make: _____ Vehicle Model: _____

Vehicle Color: _____ Vehicle License Number: _____

(Must Be Handicap Tag)

Disability Status: (Specifically explain the need for special handicap parking privilege)

Please have your physician complete this portion:

Medical Certification: (Please Explain medical necessity for Handicap Privileges)

Disability/Medical Condition For Special Parking Privilege:

Physician signature: _____ Date: _____

Office Address: _____

The following information must be completed by the applicant before your application will be submitted to Yeadon Borough Council for review and consideration

Is there presently parking availability on the street in front of your residence? (Y) (N)

If the answer is no ! please explain why: _____

Do you presently have off street parking available to you, such as a driveway or garage ? (Y) (N)

If the answer is yes; please explain why you can't park your vehicle at that location: _____

Is there parking availability on the street near your residence ? (Y) (N)

Does your disability prevent you from parking a few spaces from your residence ? (Y) (N)

If yes ! Please explain why: _____

How many times a week do you use your vehicle for transportation ? () less than five times.
() more than five but less than ten times. () more than ten but less than twenty times.

Please explain any other factors that would support your needs for a special handicap parking permit. _____

The recipient will receive a renewal application annually. The renewal application must be completed and returned to the Yeadon Borough Administration Offices. Failure to complete a renewal application will void any and all special parking privileges.

signature

date