



MOHNTON BOROUGH

Handicapped Parking Space Application

Name of Resident: _____

Address: _____

Phone: _____

Email: _____

Vehicle Make: _____

Year: _____ Plate#: _____

HP Placard Number: _____

Note: If application is approved, please note the handicapped space may be used by anyone qualifying as handicapped.

Application will be submitted to the next Council meeting for vote.

Application Checklist: Make copy of each and keep with file.

Application Form

Applicants Drivers License

Applicants Vehicle Registration

Mohnton Council Decision:

Date:

Approved: _____ Denied: _____