HANDICAPPED PARKING SPACE APPLICATION
(Please keep this page for your reference)

IF A HANDICAP SPACE IS GRANTED, THE FOLLOWING REGULATIONS SHALL APPLY:

- Any vehicles displaying handicapped or disabled veterans license plate, or handicap placard may use any handicapped parking space.
- All spaces will be reviewed on an annual basis.
- The privilege of a handicapped parking space will be immediately discontinued with misuse of any kind.

PROCEDURE

1. Complete application form.
2. Have physician's statement completed.
3. Submit forms to West York Borough.

West York Borough
1381 West Poplar Street
York, PA 17404

4. **You must have a Handicap placard before you return application to West York Borough**

There are (4) pages attached please fill out all and send back together so that your application can be reviewed as quickly as possible.

Thank you,

Customer Service
Phone: 717-846-8889

Handicapped Parking Space Application

Section A

Applicant Information	
Name	Telephone Number
Street Address	

Section B

Vehicle Information	
Owner's Name	Driver's License Number
Owner's Address (Including city, state and zip code.)	
License Plate Number and Expiration Date	
Vehicle Make & Year	
If not your vehicle, why are you requesting a zone for a vehicle not registered to you?	

Section C

Please Answer The Following Questions

What is the nature of your disability?

Explain why you believe you require a reserved zone?

Do you use a wheelchair? Yes _____ No _____

If not, do you use any other implement to add mobility?

Crutches _____ Braces _____ Other Security _____

Do you have a garage or any other off street parking? Yes _____ No _____
If yes, please explain why you are requesting a reserved on street parking space.

Do you have a hanging handicap placard? Yes _____ No _____
If yes, what is the placard Number and date it expires.
You must have a placard before you can receive a handicapped parking space.

Are you the property owner? Yes _____ No _____

If **yes**, please **skip** section D
If **no**, please **complete** section D

How wide is your residence? _____ Feet
If less than 20 ft. **Complete** section E.

Any other handicap Parking spaces on your block? Yes _____ No _____
If yes, please list address(s):

Is there a fire hydrant along your frontage? Yes No

Section D

Property Owners of Rental Residents

_____ (Applicant's name) has advised me that he/she has applied for a handicapped persons parking space, and if approved the city would install handicapped parking only signs completely or partially along my rental property.

Signature	Date
Print Name	
Telephone number	

Section E

Notification To Neighbors

(Applicant's Name) _____ has advised me that he/she has applied for a handicapped persons parking space, and if approved the city would install handicapped parking only signs completely or partially along my property.

Adjacent property owner/occupant to the left	Adjacent property owner/occupant to the right
Name (please print)	Name (please print)
Signature	Signature
Address	Address
Phone Number	Phone Number

Please Note: If parking is not permitted along the applicant's side of the street the city might request the applicant to notify the neighbors on the other side of the street.

Signature Section

I hereby make application for a handicapped parking space in accordance with section 3354 (d) of the PA vehicle code, Title 75 and with the disabilities listed above.

It is a crime to give false or misleading information on this application. Falsification will lead to fines such as the ones in paragraph 4904 (2) of the PA Crimes Code, Title 18.

I hereby understand by signing this application I agree to notify West York Borough immediately if and when the I move from the address set forth on this application or no longer have a disability or no longer possess a valid handicapped registration plate or placard.

Signature
Date

Physicians Statement

Patient's Name

Applicant's disability (diagnosis)

Describe disability in detail (Functional Abilities)

Does the applicant need to be lifted in or out of the vehicle?
Yes _____ No _____

Applicant suffers from severe limitation in the ability to walk due to arthritic, neurological or orthopedic condition which prevents them from walking 200 feet without stopping to rest?
Yes _____ No _____

Applicant is medically required to use portable oxygen?
Yes _____ No _____

Applicant has limited or no use of one or both legs? Yes _____ No _____

Applicant suffers from serious cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to the standards set by the American Heart Association? Yes _____ No _____

Does the applicant suffers from any other physical or mental impairment not heretofore mentioned which constitutes a substantial degree of disability and imposes great difficulty on applicant walking more than 200 feet without stopping? Yes _____ No _____

Prognosis for the applicant's recovery?

Applicant's disability: Temporary _____ Permanent _____

In your opinion, do you feel that the applicant qualifies for a reserved parking space on or near the street of his/her residence? Yes _____ No _____

It is a crime to give false or misleading information on this statement. Falsification could lead to importation of fines as provided in section 4904, PA Crime Code.

Date:

Physician's signature:

Physician's state license Number: