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Handicap Sign Permit Application

(Renewable Annually)

A HANDICAPPED SIGN WILL NOT BE PROVIDED IF THE APPLICANT HAS OFF-STREET PARKING.

The applicant must have a physical impairment, such as loss of the use of lower extremity or a cardiopulmonary condition which restricts movement or requires the use of a wheelchair, crutches, walker or similar device.

NAME: _____ Telephone: _____

ADDRESS: _____

Vehicle information (year, make, model): _____

Vehicle Registration Plate HP #: _____

HP Placard #: _____ Expiration DATE: _____

Please answer **YES** or **NO**

1. Does applicant use a wheelchair, crutches, walker or similar device? _____
2. If no to number 1, does applicant have a cardiopulmonary condition which results in restriction of movement? _____
3. Does applicant have arthritis? _____

Note: Penalty for any fraudulent use of the handicapped space will result in immediate termination of such privilege.

If you have a handicap placard, please include a copy with application.

Applicant Signature (or Parent/Guardian if Applicant Under 18)

Date