

LARKSVILLE BOROUGH

HANDICAPPED PARKING SPACE REQUEST FORM

Handicapped Parking Space Requested by: _____

Address Parking Space Requested For: _____

Vehicle Make: _____ Vehicle Color: _____

License Plate: _____ Handicapped Placard No. _____

PHONE # _____

In making a request for a Handicapped Parking Space pursuant to Borough of Larksville Ordinance #4 of 1997, the requester understands:

1. Only persons legally entitled to a Handicapped License Plate may apply for and be granted a handicapped parking space.
2. Only one (1) handicapped parking space will be granted to any resident or family unit residing at a specific address and shall only be granted to the eligible person. Handicapped parking space permits are revocable upon violation of any provisions of the Ordinance.
3. Handicapped parking spaces granted under this Ordinance are not transferable.
4. NO handicapped parking space will be granted to anyone having a driveway or off street parking serving the person's residence.
5. Initial fee, payable upon approval of request, is \$75.00.
6. Handicapped parking spaces permitted under this Ordinance are non exclusive and may be utilized by any vehicle displaying a handicapped plate or placard.
7. Persons making false statements in order to secure a handicapped parking space are subject to prosecution under Section 4904 (a) of the Criminal Code of Commonwealth of Pennsylvania relating to Unsworn Falsification to Authorities.

Signature of Requester: _____ Date _____

Date Fee Paid: _____ Information Verified BY: _____

Approved _____ Not Approved _____ By: _____ Date _____

Date Given to DPW: _____ Date Sign Erected _____