

BOROUGH OF SWARTHMORE

APPLICATION FOR MOBILITY IMPAIRED ON-STREET PARKING SPACE PERMIT

NAME: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

CAR YEAR & MODEL: _____

PLATE NO: _____ STATE: _____

IS THE ABOVE PLATE NUMBER A DISABLED PLATE NO. ISSUED BY THE PA DEPARTMENT OF TRANSPORTATION? (PLEASE CIRCLE) YES / NO

IF NO, PLEASE PROVIDE US WITH YOUR MOBILITY IMPAIRED PARKING PLACARD NO.: _____

DESIRED LOCATION FOR ON-STREET PARKING SPOT (INCLUDE DRAWING):

PLEASE DESCRIBE IN DETAIL REASON(S) FOR REQUEST FOR ON-STREET MOBILITY-IMPAIRED PARKING. INCLUDE WHY ON-STREET PARKING IS REQUESTED IN LIEU OF UTILIZING ANY EXISTING AVAILABLE OFF-STREET PARKING. *(Attach additional sheets if necessary)*

FOR OFFICE USE ONLY:

Application Received: _____

Inspected By: _____

Inspection Date: _____

Permit Approved: YES NO

If Yes, Permit Expires December 31, _____.

INSPECTOR NOTES: _____

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