



# **BOROUGH OF BANGOR**

---

197 Pennsylvania Avenue, Bangor, PA 18013

Phone: 610-588-2216 • Fax: 610-588-6468

<http://bangorborough.org>

## **Disabled Parking Sign Application**

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Nature of Disability: \_\_\_\_\_  
\_\_\_\_\_

Do you use assistive devices for ambulating or mobility? (i.e. wheelchair, walker etc.)

Yes / No     If yes, please describe: \_\_\_\_\_

Is there off-street parking available to you? (i.e. garage or driveway)     Yes / No

If yes, please describe: \_\_\_\_\_

Are there parking restrictions on your street?     Yes / No

If yes, please describe: \_\_\_\_\_

Please provide your physicians name, address and phone number: \_\_\_\_\_  
\_\_\_\_\_

Please provide your persons with disabilities registration plate #: \_\_\_\_\_

**YOU MUST HAVE A VALID PERSONS WITH DISABILITIES  
REGISTRATION PLATE PRIOR TO APPLICATION APPROVAL AS SET  
FORTH IN BOROUGH RESOLUTION No. 2001-15**

**Please return this form, along with a statement from your physician regarding the nature of your disability and a \$100.00 fee to the Borough Administration Office. Upon receipt of a completed application you will be contacted regarding a personal interview/discussion regarding your request.**

Signature of Applicant: \_\_\_\_\_