

 <p>Incorporated 1836</p>	<h2>Application for Reserved Handicapped Parking Permit</h2>
<h3>The Borough of Hollidaysburg</h3>	
<p>401 Blair Street, Hollidaysburg, PA 16648 www.hollidaysburgpa.org</p>	<p>(814) 695-7543 FAX: (814) 696-0636 TTY: (814) 696-0300</p>

Date _____

Applicant's name _____

Applicant's address _____

Applicant's phone number _____

Applicant's handicapped registration number _____

Applicant's registration plate number _____

Photocopy of vehicle registration and the handicapped placard must be attached to application.

It is requested that a reserved parking sign and post be installed at the following location:

Fee paid \$ _____

Date paid _____

If a reserved handicapped parking permit is issued, it is understood and agreed that only the registered vehicle of the permit holder will be permitted to park in this space, subject to Chapter 15, Part 4, section 412 of the Code of Ordinances of the Borough of Hollidaysburg.

I hereby certify that the above information is true and correct. In addition, I agree to comply with all rules, regulations and ordinances governing this application as contained in the effective ordinances, orders, laws and acts of the Borough of Hollidaysburg. I further agree to be bound by any special conditions, restrictions and regulations as may be imposed by the Borough Manager.

Applicant Signature

Application Date

Application approved _____

Application denied _____

Date approved/Denied _____

Permit number _____

Borough Manager