

Borough of Marietta
APPLICATION FOR HANDICAPPED PARKING

NAME:	
ADDRESS:	
	PHONE:

NATURE OF DISABILITY OR HANDICAP:

PHYSICIAN:	PHONE:
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LENGTH OF TIME REQUESTING PARKING: 6 MONTHS [] 1 YEAR [] INDEFINITE []
VEHICLE REGISTRATION NUMBER:
MAKE: BODY TYPE:

NOTE: \$5.00 FEE IS DUE AT TIME OF APPLICATION. ONCE APPROVED A FLAT FEE OF \$70.00 IS DUE BEFORE SIGN IS INSTALLED.

OFFICE USE ONLY:	
COMMENTS:	
HANDICAPPED PARKING SPACE	
ELIGIBILITY REVIEW BOARD ACTION: APPROVED [] DISAPPROVED []	
----- SIGNATURE	----- DATE

APPLICATION WILL BE REVIEWED YEARLY