

Borough of Marietta
APPLICATION FOR HANDICAPPED PARKING

NAME:	

ADDRESS:	

	PHONE:

NATURE OF DISABILITY OR HANDICAP:

PHYSICIAN:	PHONE:

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