

**TOWN OF BLOOMSBURG  
APPLICATION FOR A HANDICAPPED PARKING SPACE**

Pursuant to Pennsylvania Vehicle Code 3354 (d-2)

\*Only Handicap License Plates Will Be Considered, **NO PLACARDS**  
**Permit Must Be Renewed Every Two (2) Years**

Date: \_\_\_\_\_

Sign Installation Fee \$35.00

Payable To: Town of Bloomsburg

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

(Please Print)

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

1. Do you have access to off street parking? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Do you own or have access to a garage? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Will you park your vehicle at the designated spot on a regular basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

If No, please explain \_\_\_\_\_

4. How many vehicles do you own? \_\_\_\_\_

\*PLEASE ENCLOSE A PHYSICIAN'S REPORT WITH THIS REQUEST.

If I gain access to off street parking, a garage, or cease to require this handicapped parking space, I will notify the Bloomsburg Police Department within 30 days. I understand that I must comply with all Pennsylvania Vehicle Laws and Town Ordinances if granted a reserved handicap parking space.

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

FOR RENEWAL USE ONLY: (No Fee)

1. Do you park your vehicle at the designated spot on a regular basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

If No, please explain \_\_\_\_\_

FOR OFFICE USE ONLY:  
AUTHORIZED FOR A HANDICAPPED PARKING SPACE

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Mayor, Town of Bloomsburg

\_\_\_\_\_  
Chief of Police