



City of Washington

55 WEST MAIDEN STREET
WASHINGTON, PENNSYLVANIA 15301

412 / 223-4200

FAX 412/223-4229



APPLICATION FOR RESERVED PARKING SPACE FOR HANDICAPPED PERSON

**APPLICANT MUST HAVE HANDICAPPED PARKING PLACARD
OR LICENSE PLATE PRIOR TO MAKING APPLICATION
FOR RESERVED PARKING SPACE**

- 1) NAME OF APPLICANT _____
- 2) ADDRESS OF APPLICANT _____

- 3) PHONE NUMBER _____ DATE OF BIRTH _____
- 4) HEIGHT _____ 5) WEIGHT _____
- 6) NATURE OF DISABILITY _____

- 7) WHEN DID THE SYMPTOMS FIRST APPEAR OR WHEN DID THE
ACCIDENT OCCUR? _____

- 8) IS THE APPLICANT THE DRIVER OF THE VEHICLE? _____
- 9) IF NOT, NAME OF THE PARENT OR MAIN DRIVER OF THE VEHICLE
_____ RELATIONSHIP _____
- 10) ADDRESS _____ 11) PHONE _____

DESCRIPTION OF DISABILITY (please check where appropriate)

- 1) Use Wheelchair _____ frequently _____ part time
Use Crutches _____ frequently _____ part time
Use Cane _____ frequently _____ part time
Use Walker _____ frequently _____ part time
- 2) Length of comfortable walking distance _____
- 3) Other impairment(s): _____

DESCRIPTION OF PARKING AREA (please check where appropriate)

- 1) Street Parking _____ Off-Street Parking _____
- 2) Distance from your home to the nearest parking space _____
- 3) Distance from your home to where you usually park _____
- 4) Reason for request for the handicapped parking reserved street sign _____

SIGNATURE OF DISABLED APPLICANT _____

SIGNATURE OF PARENT OR GUARDIAN (if under 21) _____

*This application will be reviewed by the Mayor's Commission for the Handicapped

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PHYSICIAN'S STATEMENT

NAME OF APPLICANT _____

1) PHYSICIANS DESCRIPTION OF DISABILITY OF ABOVE INDIVIDUAL

2) MEDICATIONS PRESCRIBED _____

SIGNATURE OF PHYSICIAN _____