



## Camp Hill Borough

### *Handicapped Parking Space Application*

Application date \_\_\_\_\_ Borough approval date \_\_\_\_\_

Applicant information (individual with disability). PLEASE PRINT

Last name	First	Middle initial	Date of birth
Street address		Municipality, State and Zip code	
Phone Number		Email address	

**A current physician's note is required for this application to be processed.**

*Check appropriate box:*

Applicant has a  handicapped license plate and/or a  handicapped placard

Plate # \_\_\_\_\_ Placard # \_\_\_\_\_

Applicant signature \_\_\_\_\_

#### BOROUGH USE ONLY

**Fees: Initial application (one-time fee) \$125.00**

**Renewal fee (yearly) \$35.00**

Annual renewal date _____	Amount paid _____
_____	_____
_____	_____
_____	_____