

**BOROUGH OF FOUNTAIN HILL  
HANDICAP PARKING RENEWAL**

**APPLICANT MUST DRIVE AND OWN A VEHICLE IN THEIR NAME**

- 1) NAME OF PERSON FOR WHOM THE HANDICAP PARKING SPACE WAS REQUESTED:  
  
\_\_\_\_\_
  
- A) PROPERTY ADDRESS: \_\_\_\_\_
- B) TELEPHONE NUMBER: \_\_\_\_\_
  
- 2) DO YOU OWN \_\_\_\_\_, RENT \_\_\_\_\_, OR OTHER (SPECIFY) \_\_\_\_\_
  
- 3) ARE YOU STILL UNDER A DOCTORS CARE: \_\_\_\_\_ YES \_\_\_\_\_ NO
  
- 4) DOCTORS NAME AND ADDRESS: \_\_\_\_\_  
  
\_\_\_\_\_
  
- 5) DOCTORS SIGNATURE: \_\_\_\_\_
  
- 6) WHAT IS THE CURRENT HANDICAP LICENSE PLATE NUMBER? \_\_\_\_\_

- NOTES: 1) COUNCIL ONLY CONSIDERS REQUESTS FROM RESIDENTS WHO OWN A VEHICLE WITH A HANDICAP LICENSE PLATE, NOT A PLACARD.
- 2) IF A REQUEST FOR A SPACE IS GRANTED, SAID SPACE IS NOT FOR THE EXCLUSIVE USE OF THE APPLICANT/RESIDENT. ANY VEHICLE EXHIBITING A PLATE OR PLACARD MAY USE THE SPACE.
- 3) WHEN PERSON FOR WHOM THE SPACE IS GRANTED IS NO LONGER LIVING AT THE RESIDENCE THE BOROUGH SHALL BE NOTIFIED AND THE SPACE WILL BE REMOVED.
- 4) ALL REQUIRED INFORMATION MUST BE PRESENT ON THIS APPLICATION BEFORE RENEWAL. **A CHECK IN THE AMOUNT OF \$50.00 SHOULD ACCOMPANY THE RENEWAL FORM.**

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)