

Date:

Dear Handicapped Parking Space Holder:

Enclosed is your 2007 handicapped parking renewal application. This form must be completely filled out and returned to the following address:

**City of Wilkes-Barre
Attn: Handicapped Parking Program
40 East Market Street
Wilkes-Barre, PA 18711**

Please note that the renewal fee of ten dollars (\$10.00) must accompany your renewal application so that it can be processed in a timely manner. The final date for submission of this renewal form is March 30, 2007.

If you have any questions regarding this matter, please call (570) 208-4163.

The City of Wilkes-Barre

Physician's Signature: _____

(Printed) _____

Address _____

Telephone _____

Residence/Building Information

Please describe the type of Residence/Building: (Example: Single, Duplex, Apt.) _____

Most accessible entrance: (Example: Front, Side, Back) _____

How many feet to best entrance? (Example: 10ft, 20ft.) _____

Is your residence on a corner? _____

Is there parking on both sides of the street? _____

Is there a driveway available to the applicant? _____

Type of motor vehicle that will be used:

Van _____ Regular Sized Auto _____

Compact Car _____ Station Wagon _____

Truck _____ Other _____

Make _____ Model _____ Color _____

Is your vehicle specially equipped? Yes _____ No _____

If so, state type of equipment: _____

Will you be operating more than one vehicle? Yes _____ No _____

If so, specify type and registration _____

Disabled Person's Signature: _____

Applicant's Signature (if different from above) _____