CITY OF POTTSVILLE
Application for Handicap Parking Sign

RENEWAL

APPLICANT INFORMATION

Please type or print

Name: _____ Phone: _____

Address: _____ Driver's License #: _____

_____

VEHICLE INFORMATION

Owner's Name: _____ Plate #: _____

Owner's Address: _____ VIN #: _____

_____ Make: _____

_____ Body Type: _____ Color: _____

IF SIGN IS GRANTED, THE FOLLOWING REGULATIONS APPLY:

- An initial fee of one hundred ($100) dollars shall be imposed to assist in defraying the cost of erecting and maintaining the sign. This fee is non-refundable and, in the event of misuse or transfer, the sign may be removed without notice.
- **Nonexclusive right – It is understood that such space may be utilized by any vehicle of the general public displaying a handicapped or disabled veteran plate or placard.**
- This application will be subject to review and approval or rejection by the Chief of Police of the City of Pottsville.
- In each subsequent calendar year, the applicant shall pay a twenty-five ($25) dollar yearly renewal fee which shall be due on or before the 15th day of March.

After reading the above and agreeing to all conditions, I hereby make application for a handicapped parking space.

_____

Signature of Applicant Date