



MONTGOMERY TOWNSHIP POLICE DEPARTMENT

J. Scott Bendig
Chief of Police

1001 Stump Road • P.O. Box 68 • Montgomeryville, PA 18936
215-362-2301 • Fax 215-362-6383

Application: Reserved Residential Parking for Persons with Disabilities

Instructions:

- Print all information clearly & completely.
- Provide a copy of applicants' driver's license, vehicle registration, and disability parking placard (if applicable)
- Completed physician's certification form must be attached to the application.
- If a parent, guardian, or spouse is filling out this application, please list the child or relative as the applicant.

Applicant Information

Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Do you live alone? ____

If the answer to the question above is 'no,' list all others who live with you and relationship:

Do you drive? ____

If 'no,' who is responsible for your transportation (list name & relationship)?

What is the nature of your disability?

Explain why you need a physically disabled parking space in front of your residence:

Residence/Building Information

****Written permission from property owner required for handicap parking space to be installed****

Are you the property owner of the address given on this application? ____

If the answer is 'no' to the previous question, give the name and phone number of the property owner:

Name: _____ Phone: _____

Type of residence/building: _____ Do you have a garage? ____

Is other off-street parking available to you? ____

If the answer is 'yes,' please describe:

Vehicle Information

Will more than one motor vehicle be operated for the transportation of the disabled person? ____

Motor vehicle(s) that will be used:

Year: _____ Make: _____ Model: _____

License Plate #: _____ Color: _____

Is your motor vehicle specially equipped? ____

If 'yes' to the above question, please state the type of equipment:

Year: _____ Make: _____ Model: _____

License Plate #: _____ Color: _____

Is your motor vehicle specially equipped? ____

If 'yes' to the above question, please state the type of equipment:

Applicant Certification

I am aware that it is my responsibility to file a complete application and that the application will be returned to me if it is found to be incomplete, illegible, or not submitted in accordance with instructions.

I certify that all information contained herein is true and correct to the best of my knowledge and belief, and I understand that any false statements made herein are subject to the penalties set forth in 18 PA C.S. section 4904, relating to unsworn falsification to authorities.

Printed Name of Applicant	Applicant Signature	Date
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Person completing the application, if different from the applicant:

Printed Name	Signature	Date
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