TED PRASCHAK, Mayor

Taylor Borough Council

122 UNION STREET TAYLOR, PENNSYLVANIA 18517
Phone: (570) 562-1400 Fax: (570) 562-1415

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Handicap Sign Application

Name of applicant: _____ / _____
{PRINT} {SIGNATURE}

Address of Applicant: _____

_____

Phone Number (Home) ____-____-_____ (Cell) ____-____-_____

Date of Birth: ____/____/_____

1) Do you currently have a Doctor's note stating the reason you require a Handicap parking spot? {Please include copy with this submittal}…….. YES / NO

2) Do you currently have a Handicap Plaque from the State of Pennsylvania? {Please include copy with this submittal}…….. YES / NO

3) Is there a driveway or garage at this location? ..... YES / NO

4) Is there a Handicap ramp located at this location? ……YES / NO

5) Do you drive {who will be using the sign?} _____

6) Do you have a car or are you to be dropped off at your home? …….. HAVE CAR / DROP OFF

7) Is there another Handicap sign currently at the location? ……. YES / NO

8) Where would you like the sign to be placed at the property? _____

9) Do you currently own or rent the property? ……... OWN / RENT

10) If you are a renter, please include written correspondence from the property owner, acknowledging their approval for the hole to be placed in the sidewalk. {Include Landlord's name and Phone number}

{Return to: Co: The Mayor Taylor Borough 122 Union Street Taylor, PA. 18517}