LONI KAVULICH LOISELLE, 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:	
Name of applicant:	
Address of Applicant:	
Phone Number (Home)	(Cell)
Date of Birth:/	
Do you currently have a Doctor's note stat {Please include copy with this submittal}	ing the reason you require a Handicap parking spot?
Do you currently have a Handicap Plaque {Please include copy with this submittal}	· · · · · · · · · · · · · · · · · · ·
3) Is there a driveway or garage at this location	on?
4) Is there a Handicap ramp located at this lo	ocation?
5) Do you drive {who will be using the sign?}	
6) Do you have a car or are you to be droppe	ed off at your home? HAVE CAR / DROP OFF
7) Is there another Handicap sign currently a	t the location?
8) Where would you like the sign to be placed	d at the property?
9) Do you currently own or rent the property?	OWN / RENT
10) If you are a renter, please include written acknowledging their approval for the hole {Include Landlord's name and Phone num	to be placed in the sidewalk.

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