



BOROUGH OF KENHORST

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HANDICAPPED PARKING SIGN APPLICATION

PERMIT NO. _____ DATE: _____

HANDICAPPED PERSON: _____

ADDRESS: _____

TELEPHONE NO.: _____

DOCTOR: _____ TELEPHONE NO.: _____

PROPERTY OWNER: _____

ADDRESS: _____

TELEPHONE NO.: _____

Handicapped person please check one or more of the following:

1. Does not have full use of leg or both legs, as evidenced by the use of wheelchair, walker, crutches, quad cane or other such device _____
2. Is Blind. _____
3. Is physically limited by a cardiopulmonary condition such as severe emphysema or chronic bronchitis, restricting substantially his/her movements. _____
4. Does not have full use of an arm or both arms; or _____
5. Is a parent or a person in loco parentis of a person specified in 1,2,3, or 4. _____

HANDICAPPED PERSON MUST PRESENT:

1. A CERTIFIED STATEMENT FROM A LICENSED PHYSICIAN STATING APPLICANT IS HANDICAPPED.
2. COPY OF THE REGISTRATION CARD ISSUED BY PENNDOT BEARING PROOF OF THE SPECIAL REGISTRATION PLATE.
3. COPY OF SPECIAL PARKING PLACARD ISSUED BY PENNDOT.

Applicant Signature: _____

Borough Manager: _____

Public Works Supervisor: _____

PA ONE CALL DATE: _____ DATE OF INSTALLATION: _____