

NANTICOKE CITY POLICE DEPARTMENT
NANTICOKE, PENNSYLVANIA

APPLICATION FOR HANDICAPPED PARKING SIGN

Date: _____

Name: _____

Address: _____

Telephone: _____

Handicapped Vehicle Registration Number _____

-OR-

Handicapped Placard Number _____ Expires: _____

Do you have off street parking: Yes _____ No _____

RESERVED - \$250.00 _____

CHANGE NUMBER ON SIGN - \$50.00 _____

I request that a Handicapped Parking Sign be placed near my residence. I agree to pay the cost of the handicap sign, the post and the placard number sign which is \$250.00 dollars, made payable in a check or money order to the Nanticoke Police Department.

The installation of the Handicapped Parking Sign will be done by the Nanticoke Street Department. It is understood that the placement is subject to an annual review in that when the sign is no longer needed or authorized, it shall become the property of the City of Nanticoke and will be removed.

I also understand that only the vehicle bearing the placard number or registration number that is on the sign may be parked in this spot. If any vehicle, including my own, is parked in the handicapped spot and that vehicle is not displaying a handicapped plate or placard, then that vehicle will be ticketed and the parking fine must be paid. All placards **must** be displayed from the rear view mirror.

I understand that I may be denied for reasons listed in City Ordinance 3 of 2025 and my fee will be returned.

BY SIGNING THIS FORM, I CONFIRM THAT MY HANDICAP PLACARD INFORMATION AND MY DRIVERS LICENSE INFORMATION MATCH THE ADDRESS WHERE THE SIGN WILL BE LOCATED AND THAT I RESIDE AT SAID ADDRESS.

Signature _____