

# CITY OF CONNELLSVILLE



## HANDICAP PARKING SIGN APPLICATION

Date \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Cost: \$125 for Handicapped Parking Sign/\$135 for your license plate number on it. Check or Money Order: **Payable to: City of Connellsville. No cash or debit/credit accepted.**

**LICENSE PLATE #** \_\_\_\_\_

Amount paid \$ \_\_\_\_\_ Date paid \_\_\_\_\_

Check \_\_\_\_\_ Money Order \_\_\_\_\_

Received by: \_\_\_\_\_

Given to Street Foreman on: \_\_\_\_\_

Attached copy of your placard, disability card, Dr. Statement, license or plate number.