



MUNICIPALITY OF KINGSTON HANDICAPPED PARKING SPACE REQUEST FORM

Handicapped parking space requested by: _____

Entitled person if not requestor: _____

Address parking space requested for: _____

Vehicle Make/Color: _____

License plate #: _____ or Handicapped placard #: _____

Registered owner of vehicle if not requestor: _____

In making a request or Handicapped Parking Space pursuant to Ordinance 1994-5 of the Municipality of Kingston, the requestor understands:

1. Only persons legally entitled to a handicapped license plate or handicapped placard may apply for and be granted a handicapped parking space. Only one (1) handicapped parking space will be granted to any resident or family unit residing at a specific address and shall only be granted to the eligible person. Handicapped parking space permits are revocable upon violation of any provisions of the Ordinance.
2. No handicapped parking space will be granted to anyone having a driveway or off-street parking serving the person's residence.
3. Initial fee, payable upon submission of request, is \$75.00.
4. Handicapped parking spaces permitted under this Ordinance are non-exclusive and may be utilized by any vehicle displaying a handicapped license plate or placard.
5. Persons making false statements in order to secure a handicapped parking space are subject to prosecution under Section 4904(a) of the Criminal Code of the Commonwealth of Pennsylvania relating to Unsworn Falsification to Authorities.

Signature of Requestor: _____ Date: _____

Date Fee Paid: _____ Information Verified by: _____

Approved: _____ Not Approved: _____ By: _____ Date: _____

Date Given to DPW: _____ Date Sign Erected: _____