



APPLICATION FOR RESERVED RESIDENTIAL PARKING FOR PEOPLE WITH DISABILITIES

Please print all information clearly and return it to the township along with copies of:

- Your vehicle registration
- Your driver's license
- Your physically disabled placard

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

State Issued Placard Number: _____

Signature: _____ Date: _____

STAFF USE ONLY

Registration: _____ ID Card: _____

Placard: _____ Police Chief: _____

Manager's Name: _____

Agenda Date: _____ Decision: Approved

Denied

Notes:

Installed Date: _____ Installed By: _____

CALN TOWNSHIP

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