

P permit No.

(New or Renewal)

Scott Township
301 Lindsay Road
2nd Floor, Administration Office
Carnegie PA 15106

RESERVED DISABILITY PARKING SPACE PERMIT

Applicant's Name: _____

Address: _____
Street

City State Zip

Phone #: _____

Disability Plate # & State: _____ Disability Placard #: _____

Signature of Applicant: _____

PLEASE READ CAREFULLY BEFORE SIGNING THIS PERMIT:

- 1. All Scott Township residents applying for a reserved disability parking space must have and show at the time of application either:
a. A valid disability license on their vehicle, or
b. A valid Person with Disability Parking Placard issued by the Commonwealth of Pennsylvania, Bureau of Motor Vehicles.
2. Scott Township Disability Parking Permits must be renewed annually.
3. The fee for Disability Parking Permit is \$50.00, payable upon initial application and/or annual renewal.
4. All applicants must provide in writing a letter from a medical doctor (dated within the past 6 months) substantiating or verifying the applicant's need for a disability parking space.
5. Only one parking space permit will be issued per valid license or placard.

For Township Office Use Only

Date of Application: _____

Amount Received: _____ (Cash/Check/Credit Card) Check # _____

Permit Expires: _____

Approved By: _____

