

Borough of Oakmont
PERSONS WITH DISABILITY PARKING PLACE APPLICATION

Part A Application Information (List name and address of person with disability.)

Last Name	First Name	Middle	Telephone Number	
Street Address	City	State	Zip Code	
	Oakmont	PA	15139	

Part B Certification from PA Licensed Physician. This section must be completed in full.

This is to certify that the person with the disability listed above is under my care and has the following condition listed on the reverse side of this form under "Eligibility Requirements" _____ NOTE: Only those conditions listed on the reverse qualify for a parking place. List Reason Code Here				
NOTE: If reason Code #4 is listed above, please indicate the type of device: _____				
Physician's Name	Physician's Signature	Medical License Number		
Office Street Address	City	State	Zip Code	Telephone Number

Part D Evidence of Prior Approval for Disability Placard or Registration Plate (Must have received HP plate or placard at time of this application.)

Year and Make of Vehicle	Model of Vehicle	Color of Vehicle	Registration of Vehicle or Placard No.
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Part E Applicant Signature (Person listed in Section A or a person in Local Parentis)

I hereby make application for a Disability Parking Place within the Borough of Oakmont and certify under penalty of law that ALL information contained herein is TRUE and CORRECT.	
Applicant's Signature	Date

_____ FOR OFFICIAL USE ONLY _____

Part F Council Approval

Meeting Date	Approved	Disapproved	Signature of Chairman of Public Safety Committee
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