



NEW BRIGHTON AREA POLICE

610 THIRD AVENUE
NEW BRIGHTON, PENNSYLVANIA 15066

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www.NewBrightonPA.org

CHIEF OF POLICE
RONALD J. WALTON

MAYOR
THOMAS E. ALBANESE

APPLICATION FOR HANDICAP PARKING SIGN

Name: _____ Date: _____

Address: _____

Phone Number: (_____) _____ - _____ Type of Application: New Renewal

Location of sign request: _____

Will the sign be temporary or permanent? _____

Is there more than one handicapped person living in the area of the sign request? _____

Do you have a vehicle? _____ Make: _____ Year: _____

H.P. registration number: _____ Color: _____

Do you require the use of a wheelchair? _____

If no, do you require the use of other devices? _____

Do you know that any handicapped person can use the parking? _____

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Please note:

All questions must be answered to help us evaluate your needs for a handicap sign. To qualify for a handicap parking sign, the person making the request **must furnish proof of their disability with a written statement from their doctor and require the use of a wheelchair in any residential area. Permits must be renewed annually during the month of January.**

Complete this form and return to:

New Brighton Area Police Department
610 Third Avenue
New Brighton, PA 15066
Phone: (724) 846-2277

Application reviewed by: _____ Date: _____

* Please allow thirty (30) days for processing.