



**CHIEF OF POLICE**  
**RONALD J. WALTON**

# NEW BRIGHTON AREA POLICE

610 THIRD AVENUE  
NEW BRIGHTON, PENNSYLVANIA 15066

PHONE: (724) 846-2277 • FAX: (724) 846-1872  
EMAIL: [nbapd@NewBrightonPA.org](mailto:nbapd@NewBrightonPA.org)  
[www.NewBrightonPA.org](http://www.NewBrightonPA.org)

**MAYOR**  
**VALERIE McELVY**

## 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? \_\_\_\_\_

.....  
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. 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.