RUSH TOWNSHIP, SCHUYLKILL COUNTY
COMMONWEALTH OF PENNSYLVANIA

RESOLUTION NO. 2017-15

A RESOLUTION OF RUSH TOWNSHIP APPROVING THE FORM TO BE USED BY RESIDENTS TO APPLY FOR A DISABILITY PARKING SPACE.

WHEREAS, the Rush Township Disability Parking Ordinance states that Rush Township may from time to time develop an application form to be completed by qualified applicants to apply to Rush Township for a disability parking space;

NOW, THEREFORE, be it RESOLVED as follows:

The Application for Person with Disability Parking Space form attached to this Resolution shall be the form qualified applicants must complete pursuant to Section 3 of the Rush Township Disability Parking Ordinance.

RESOLVED this 20 day of July, 2017.

ATTEST: [Signature]

RUSH TOWNSHIP
BOARD OF SUPERVISORS
[Signature]
[Signature]
Rush Township
Application for Person with Disability Parking Space

Check One: New Application _____ Renewal Application _____

Name _______________________________________________________

Address _____________________________________________________

Phone ____________________ Cell Phone _______________________

Have you been issued a Person with Disability Plate by the Commonwealth of Pennsylvania? YES _____ NO _____
If yes, please provide plate number ____________________________

Have you been issued a Person with Disability Parking Placard by the Commonwealth of Pennsylvania? YES _____ NO _____
If yes, please provide placard number ___________________________

Have you been issued a Severely Disabled Veteran plate by the Commonwealth of Pennsylvania? YES _____ NO _____
If yes, please provide plate number ____________________________

Have you been issued a Severely Disabled Veteran parking placard by the Commonwealth of Pennsylvania? YES _____ NO _____
If yes, please provide placard number ___________________________

What is the general nature of your disability? __________________________

Do you have a garage or off-street parking available at your residence? YES ____ NO ____

Applicants must comply with Ordinance 196 regarding snow emergency routes.

By signing this Application, the undersigned-applicant is verifying the accuracy of all information and answers provided herein, and makes this verification under penalty that any false information or answers provided herein constitute unsworn falsification to authorities and is punishable pursuant to 18 Pa.C.S.A. §4904.

_________________________________________ DATE

APPLICANT SIGNATURE

************************************************************************ For Township Use Only************************************************************************

Has the Application fee been paid? YES _____ NO _____

The Application is APPROVED _____ DENIED _____

_________________________________________ DATE

RUSH TOWNSHIP