

Approved Thru: _____

TOWNSHIP OF STOWE

555 Broadway Ave., P.O. Box 414
McKees Rocks, PA 15136

APPLICATION FOR HANDICAPPED PARKING PERMIT

New Application

Application Renewal

Date: _____

Name of Applicant: _____

Address: _____

Phone Number: _____

Copies of the following must be provided:

Drivers License

Owners Card

Placard

Proof of Insurance

Pace/Pace Net (if applicable)

IF APPROVED, AND YOU ARE NOT PACE/PACE NET ELIGIBLE, A \$50.00 FEE IS REQUIRED.

Fee Paid: _____

Applicant's Signature

Approved by Chief of Police

Resolution No. _____