



24 Analomink Street, East Stroudsburg PA 18301

Phone: 570.421.8300 Fax: 570.421.5575 Web: [www.eaststroudsburgboro.org](http://www.eaststroudsburgboro.org)

## APPLICATION FOR HANDICAP PARKING ZONE

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Make and Model of Vehicle: \_\_\_\_\_

Location of proposed handicapped space: \_\_\_\_\_

Do you have driveway or access to off-street parking? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*PLEASE NOTE: Handicap parking is a privilege issued by the Borough of East Stroudsburg and all standard and snow emergency regulations regarding parking are in affect and must be obeyed at all times.***

\_\_\_\_\_

## FOR BOROUGH USE ONLY

AMOUNT PAID: \$ \_\_\_\_\_ DATE PAID: \_\_\_\_\_ CHECK/CASH/CREDIT \_\_\_\_\_

**Fees: \$75.00 Application Fee, \$40.00 refund if space is denied**

Reviewed: \_\_\_\_\_

Accepted/Rejected: \_\_\_\_\_

\_\_\_\_\_