



BOROUGH OF MEDIA
HANDICAPPED PARKING PERMIT

NAME: _____

ADDRESS: _____

OFF STREET PARKING: YES _____ NO _____

PHONE NUMBER: _____

STATE ISSUED PLACARD NUMBER: _____

SIGNATURE: _____

DATE: _____

APPROVED: _____ NOT APPROVED: _____

BOROUGH MANAGER'S SIGNATURE:

Copy of Placard must be attached to application