

CITY OF CONNELLSVILLE



HANDICAP PARKING SIGN APPLICATION

Date _____ Phone _____

Name _____

Address _____

City _____

State _____ Zip _____

Cost: \$125 for Handicapped Parking Sign/\$135 for your license plate number on it

LICENSE PLATE # _____

Amount paid \$ _____ Date paid _____

Cash _____ Check _____ Money Order _____

Received by: _____

Given to Street Foreman on: _____

Attached copy of your placard, disability card, Dr. Statement, license or plate number.