



**CITY OF HARRISBURG  
BUREAU OF POLICE, PARKING ENFORCEMENT UNIT  
RESIDENTIAL DISABLED PARKING APPLICATION**

**INSTRUCTIONS TO APPLICANT: COMPLETE SECTION 1 BELOW; SEE REVERSE SIDE FOR INSTRUCTIONS REGARDING THE FILING OF YOUR COMPLETED APPLICATION.**

**SECTION 1: APPLICANT AND VEHICLE INFORMATION**

**APPLICANT INFORMATION:**

*(Applicant must be a City resident)*

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Applicant's Address of Residence (Line 1)

\_\_\_\_\_  
Applicant's Address of Residence (Line 2)

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Applicant's Daytime Telephone Number

**VEHICLE INFORMATION:**

*(Applicant must be a named owner)*

Make/Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_

VIN: \_\_\_\_\_

Plate: \_\_\_\_\_  
*(Must be handicap license plate number)*

\_\_\_\_\_  
Driver's License Number

***MUST PRESENT FOR REVIEW YOUR  
CURRENT VEHICLE REGISTRATION***

**ADDITIONAL QUESTIONS:**

Do you the applicant reside at the above noted address?  YES  NO

Is the above noted vehicle driven by you the applicant?  YES  NO

If no, provide the name and address of the individual who transports you in the above noted vehicle along with a copy of the individual's driver's license? \_\_\_\_\_

**I hereby certify under penalty of law that ALL information contained herein is TRUE and CORRECT and that I understand that any misstatement of fact is a misdemeanor of the third degree punishable by a fine and/or imprisonment (18 PA C.S. Section 4904).**

\_\_\_\_\_  
Signature of Applicant or Authorized Person

\_\_\_\_\_  
Date

**RESIDENTIAL DISABLED PARKING APPLICATION (CONTINUED)**

**INSTRUCTIONS FOR FILING YOUR COMPLETED RESIDENTIAL DISABLED PARKING APPLICATION:**

1. COMPLETE SECTION 1 OF THIS APPLICATION
2. MAIL COMPLETED APPLICATION, WITH COPY OF MOTOR VEHICLE REGISTRATION CARD AND DRIVER'S LICENSE TO THE FOLLOWING OFFICE:

**City of Harrisburg  
Parking Enforcement Unit  
McCormick Public Service Center  
123 Walnut Street, Suite 217  
Harrisburg, PA 17101**

3. IF YOU REQUIRE ADDITIONAL INFORMATION OR AN ACCOMMODATION IN ORDER TO FILE YOUR APPLICATION, PLEASE CONTACT THE PARKING ENFORCEMENT UNIT AT 717.255.3141 (BUSINESS HOURS: 8:00 a.m. TO 4:00 p.m. WEEKDAYS).

**SECTION 2: INTERNAL USE ONLY – DO NOT WRITE BELOW THIS LINE**

- DATE APPLICATION RECEIVED BY PARKING ENFORCEMENT: \_\_\_\_\_
- OBTAINED COPY OF MOTOR VEHICLE REGISTRATION AND DRIVER'S LICENSE
- IF APPLICANT IS TRANSPORTED BY ANOTHER PERSON, OBTAINED COPY OF THAT PERSON'S DRIVER'S LICENSE
- APPLICATION STATUS:     GRANTED     DENIED  
IF APPLICATION DENIED, STATE REASONS FOR DENIAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- DATE LETTER ISSUED TO APPLICANT: \_\_\_\_\_
- ASSIGNED PERMIT NUMBER (IF GRANTED): \_\_\_\_\_
- NOTIFIED TRAFFIC ENGINEERING (IF INSTALLATION OF SIGNS REQUIRED)
- PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_