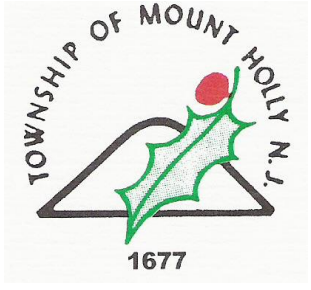


For Office Use Only:
 Submitted to MHPD _____
 Approved _____ Not Approved _____
 Council Meeting Date _____
 Council Resolution _____
 Submitted to DPW for Installation _____



Application for Handicap Sign Permit

Applicant Information

Name: _____

Address: _____ Phone #: _____
(Must be a Mount Holly Township address and address must match Driver's License & Registration)

Driver's License # _____
(Please include a copy of your driver's license with this application)

Vehicle Information

Vehicle Make: _____ Model: _____ Color: _____

Vehicle Registration Number: _____ Plate #: _____

Vehicle Insurance Co. _____ Policy #: _____
(Please provide a copy of the vehicle registration and insurance with this application.)

Reason for requesting handicap parking sign permit: _____

_____ **Date**

_____ **Signature of Applicant**

Required Documentation-Permit will NOT be issued without the following:

Copy of Driver's License

Copy of Vehicle Registration and Insurance card

Note from doctor stating parking space is necessary

Copy of handicapped placard

Completed Form or Letter from resident requesting designated handicapped parking space in front of home

Please send to:

Township Clerk, Sherry Marnell

Mount Holly Township

23 Washington Street

Mount Holly, NJ 08060

Telephone: (609) 845-1101 Fax: (609) 267-8155

Email: smarnell@twp.mountholly.nj.us