



**Delanco Police Department**  
**770 Coopertown Road**  
**Delanco, New Jersey 08075**



**Basil Warren II**  
*Acting Chief of Police*

*Lieutenant of Police*

**HANDICAPPED PARKING SPACE REQUEST**

To install a handicapped parking space in the Township of Delanco you must first complete this Handicapped Parking Space Request form and return to:

Delanco Township Police Department  
**Attention: Acting Chief of Police Basil Warren II**  
 770 Coopertown Road  
 Delanco, NJ 08075

Upon receipt of this form, the Traffic Officer will investigate the request for compliance with Township Ordinance requirements. A recommendation will be sent to the Township Committee.

The installation of the handicapped parking space does not restrict the handicapped parking space to only the person requesting the space but is accessible to anyone with a handicapped license plate or placard.

If you have any questions regarding the procedure of installing a handicapped parking space, please feel free to call the Delanco Township Police Department at (856) 461-0357 between the hours of 8:30am-4:00pm Monday-Thursday & Friday 8:30am-12:00pm.

Name of handicapped resident: \_\_\_\_\_

Property address: \_\_\_\_\_

Telephone number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Does the handicapped resident own the property? Yes or No (**circle one**)

If no, provide the name and address of the property owner:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please describe the location to be designed as a handicapped parking space:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Which side is the location of the parking space? North / South /East / West (**circle one**)

Does the handicapped resident have access to off-street parking such as a driveway or garage?  
 Yes or No (**circle one**)

If yes, please describe the off-street parking and explain why the handicapped resident does not use the off-street parking:



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In order to utilize a handicapped parking space, a motorist must have a handicapped license plates or a handicapped placard. Please provide the handicapped license plate number or placard number of the person who will be using this handicapped parking space.

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

Placard Number: \_\_\_\_\_

Please provide any additional information that may be of assistance to the Traffic Officer and Township Committee members when they review your request.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**HANDICAPPED PARKING SPACE APPROVED**

Name of handicapped resident: \_\_\_\_\_

Property address: \_\_\_\_\_

Handicapped Placard #: \_\_\_\_\_

***This request was investigated and meets the requirements for approval for compliance with Township Ordinances. This request is recommended for approval by the Acting Chief of Police Basil Warren II.***

\_\_\_\_\_  
 Acting Chief of Police  
 Basil Warren II

\_\_\_\_\_  
 Date