



ALLENTOWN PARKING AUTHORITY

Caregiver RPP Application

Resident's Last Name _____ First Name _____

Resident's Address: _____

ZIP _____ RPP ZONE _____ Resident's Phone Number _____

Caregiver's Last Name _____ Caregiver's First Name _____

Employer: _____

Vehicle License Plate _____

Vehicle Year _____ Vehicle Make/Model _____

Please Note: Applicant's vehicle cannot be registered within the RPP area you are applying.

Caregivers may be issued a parking permit provided the address of the resident receiving the care is within said parking area **and the resident requiring care forfeits a current valid permit or does not possess a current Residential Parking Permit.**

I, _____, resident of _____, forfeit my current residential parking permit and/or do not currently possess a Residential parking permit.

_____ Date _____

Resident's Signature

_____ Date _____

Caregiver's Signature

Per City Ordinance 534 Section 06 Subsection D, the requirements to obtain a parking permit for a caregiver are as follows:

- A Medical Affidavit signed by the Attending Physician and Health Care Professional
- A completed application form in both the resident's and caregiver's name and address and a letter from the resident identifying the permit applicant as the caregiver and permission to forfeit their current valid permit or future permit
- Photo identification and employment verification of the caregiver
- A current DMV Vehicle Registration for the vehicle the applicant is requesting a permit for
- Proof of residency in the permit area of the person receiving the care (Utility Bill, Lease Agreement/ Property Deed)