



ALLENTOWN
PARKING AUTHORITY

RPP CAREGIVER MEDICAL AFFIDAVIT

I, _____, am the **ATTENDING PHYSICIAN** for _____, who resides at _____ . This address is located within the boundaries of a Residential Permit Parking Area. He/She requires health care during the time each day that the Residential Parking ordinance is in effect.

I declare under penalty or perjury that the foregoing is true and correct.

Physician's Signature

Date

Physician's License Number

I am a **HEALTH CARE PROFESSIONAL (Caregiver)** caring for _____ who resides at _____.

I hereby apply for a Residential Parking Permit Zone _____.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Health Care Attendant's Name (Printed)

Signature

Date