



# 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)