



**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