



Disabled Persons' Parking Scheme - Application

Statement for completion by organisations

PLEASE NOTE: A permit will not be issued unless all details on the application are completed.

Office Use Only Date Issued

No. / /

Expiry Date / /

1. Organisation name

2. Name of individual who will take responsibility for the use of the parking permits

3. Address

Post Code

4. Telephone number

5. Type of appliances used for support to aid the passenger's mobility?

6. For what purpose is the permit to be used?

NB Should your organisation require more than one label, please justify your claim in writing.

Declaration

I make this declaration in the firm belief that all the information provided on this form is, to the best of my knowledge, true and correct and I am aware that false declarations may be punishable by law.

I will comply with the "Conditions of Use" for the Permit.

If the circumstances change in any way likely to affect my eligibility for the permit, I agree to notify the issuing authority within fourteen (14) days. I further agree that the permit remains the property of the issuing council and will be returned within seven (7 days) of notification of such return being required.

Applicant's signature

Date