

Application

Disability Parking Permit Scheme



**CORANGAMITE
SHIRE**

PLEASE ENCLOSE \$11.00 TO COVER ADMINISTRATION COSTS

Office Use Only: No.:

Date:

Expiry Date:

USE BLOCK LETTERS ONLY

PLEASE NOTE: A permit will not be issued unless all details on the application are completed. Please check details are correct. Should your organisation require more than one permit please justify this in writing

1 Organisation Name:

2 Name of Individual who will take responsibility for Parking Permit use :

3 Address:

4 Telephone No.:

5 Type of disability experienced by the passengers regularly transported by your organisation?

6 Type of appliances used for support to aid the passengers mobility?

7 For what purpose is the permit to be used?

Declaration by Applicant

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 false declarations may be punishable by law. I will fully comply with the "Conditions of Use" for a Permit. If my 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. The Applicant's agent may sign and take full legal responsibility on the Applicant's behalf.

Applicant's Signature (or Applicant's Agent):

Date: