

# DISABILITY PARKING PERMIT

## APPLICATION/RENEWAL

### NT TRAFFIC ACT AND NT TRAFFIC REGULATIONS, AUSTRALIAN ROAD RULES, LOCAL GOVERNMENT ACT 2008 AND CITY OF PALMERSTON BY-LAWS 2008

A parking permit is issued to assist people with permanent mobility limitations who need access to convenient parking within Palmerston. Permits are issued at the discretion of Council and may be issued, refused or cancelled. Any person refused this permit for any reason, may appeal that decision by contacting the Director of Technical Services.

#### APPLICANT DETAILS

Individual Applicant

(Requires Doctor's Report to be completed)

Community Organisation Applicant

(Requires letter from organisation stating number of permits and usage)

Mr / Mrs / Ms Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Organisation Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: (BH) \_\_\_\_\_

(AH): \_\_\_\_\_

(Mobile): \_\_\_\_\_

#### INDIVIDUAL APPLICANT

**DECLARATION:** I understand that the permit issued is for my use only, and that I must be using the vehicle whenever it is parked with the permit displayed and that any misuse of my permit may result in it being revoked.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Doctor's Report** (This section to be completed by a qualified medical practitioner)

**STAMP HERE**

Applicant Name: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Does the applicant suffer from a physical disability affecting mobility?  Yes  No

The applicant's physical disability is: \_\_\_\_\_

Permanent

Temporary

If temporary, what is the expected duration of disability: \_\_\_\_\_

Please state the nature and extent of disability: \_\_\_\_\_

Does the application require mobility aids?  Wheelchair  Walking Frame  Other

Doctor Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### COMMUNITY ORGANISATION APPLICANT

**DECLARATION:** I understand that the permit(s) issued is for the community organisation use only, and must be displayed when in use and any misuse of the permit(s) may result in permit(s) being revoked.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Authorised Person for Organisation: \_\_\_\_\_

#### OFFICE USE ONLY

Permanent

Temporary

Permit #: \_\_\_\_\_

Expiry: \_\_\_\_\_

Previous Permit #: \_\_\_\_\_

ID confirmed (Individual):  YES  NO Letter from organisation:  YES  NO Permit returned:  YES  NO

Number of Permits Required: \_\_\_\_\_