DISABILITY PARKING PERMIT

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 Regulatory Services.

APPLICANT DETAILS

Individual application: ☐
(Requires Doctor's Report to be completed)

Community organisation application: ☐
(Requires letter from organisation stating number of permits and usage)

Mr / Ms/ Ms: _____

First name: _____

Surname: _____

Organisation name: _____

Residential address: _____

Email address: _____

Phone number: _____

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: _____

Email: _____

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.

Name of authorised person for organisation: _____

Signature: _____

Date: _____

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: _____