

Application For Parking Permit



Title:- Mr Mrs Miss Ms Other:-
(please delete those that do not apply) (please state)

First Name(s):-

Surname:-

Address:

Post code:- **Daytime**

Telephone:- (including STD Code)

Please complete the following as appropriate:

<u>Residents Permit</u>	Yes	No
Proof of address provided <small>see attached information sheet for details</small>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of vehicle registration provided <small>see attached information sheet for details</small>	<input type="checkbox"/>	<input type="checkbox"/>
Fee enclosed (£10.00 for replacement only)	<input type="checkbox"/>	<input type="checkbox"/>

<u>Visitors Permit</u>	Yes	No
Proof of address provided <small>see attached information sheet for details</small>	<input type="checkbox"/>	<input type="checkbox"/>
Fee enclosed (£10.00 for replacement only)	<input type="checkbox"/>	<input type="checkbox"/>

<u>Business Permit</u>	Yes	No
Proof of address provided <small>see attached information sheet for details</small>	<input type="checkbox"/>	<input type="checkbox"/>
Fee enclosed £60.00	<input type="checkbox"/>	<input type="checkbox"/>

Declaration

I hereby apply for a parking permit and declare that the information provided is accurate and true. I understand that the permit remains the property of Leeds City Council and that replacements will be charged for. I understand that permits are not transferable and the facility may be withdrawn if the permit is found to have been misused.

Signature Date.....

Data Protection Act 1998

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

<u>For Office Use Only:</u>			
Item	A	R	Inits
POA			
VRM			
FEE			
Approved		Y	N
Sign.....	Date		



INVESTOR IN PEOPLE