

DISABILITY PARKING PERMIT SCHEME — APPLICATION FORM FOR COMPLETION BY ORGANISATIONS



GLEN EIRA
CITY COUNCIL

Office use only

Date: _____ No.: _____ Expiry date: _____

Old permit no.: _____ Expiry date: _____

Please note: a permit will not be issued unless all details on the application are completed.

If the organisation has not been issued with permits previously, Council requires a description of activities on a company letterhead, brochure or company report to accompany this application form.

1. Organisation name: _____
2. Name of the individual who will take responsibility for the use of the parking permits:

3. Address: _____
Suburb: _____ Postcode: _____
4. Phone: (H) _____ (W) _____ (M) _____
5. Email: _____
6. Types of disabilities experienced by the passengers regularly transported by your organisation:

7. Types of appliances used for support to aid the passengers' mobility:

8. For what purpose is the permit to be used:

Declaration by applicant

The information provided on this form is, to the best of my knowledge, true and correct. The applicant will comply with the *Conditions of Use* for the permit. If any circumstances change in any way which is likely to affect the applicant's eligibility for the permit, the applicant will notify Council within fourteen (14) days. The applicant acknowledges that the permit remains the property of Council and will be returned within seven (7) days on request.

Signature of authorised representative of the applicant: _____

Date: _____

The personal information on this form is required to enable you to acquire an organisational parking permit for people with disabilities. The information is required under the provisions of the *Road Safety Act 1986* and the *Road Safety Road Rules 2017 (Vic)*. Council has comprehensive privacy and health records policies and advice on how to access your personal information on its website at www.gleneira.vic.gov.au/Privacy