Parking Permit Application Form



Zone F Bury St Edmunds 1 June 2017 -31 May 2018

Websi	ite address: www.westsuffolk.gov.uk/parking	I			
Title:	First name	Middle name(s) initia	alsLas	t Name	
Addre	ess:			Postcode:	
Home	e tel no:Work t	tel no:	Mobile te	l no:	
Emai	i:(@	(please ir	ndicate preferred daytime	e contact)
1.	Do you wish to purchase one perm	nit?		Yes []	No []
2.	Do you wish to purchase a second permit? (see Terms and Conditions for costs)			Yes []	No [
	se note: Disabled badge holders and sof charge.	senior citizens (without acce	ss to a vehicle) เ	may be entitled to have a	a permit
Pleas	e indicate if you are:				
(a) Di	sabled badge holder Blue badge ser	rial number and the expiry date	:		
. ,	condition 11 on Terms and Conditions re	• •			
(h) Se	enior citizen without access to a vehicle	Date of hirth			
. ,	condition 12 on Conditions of Use sheet				
3.	Please indicate if you wish to purchase a		een (price 50p)		
	se note: The registration details will appear nistration charge of £12 is required for the re		our vehicle during	the year of the scheme, an	l
	Details	Vehicle 1	Vehicle 2		
	Registration No. Private/Light Goods (Max 3.5T)				
	Motorcycle				
	Make				
	Colour				
DECL	ARATION				
a) b) c) d)	I hereby apply for a parking permit in accord (Restriction of Waiting and Revocation) (Stre I declare that the information given in this ap I undertake to abide by the terms and condit permit/s does not guarantee a parking space I declare that the vehicles listed above are re	eet Parking Place) (Zone F) Order a oplication is true. tions as set out on the General Cor e will always be available.	2010.		•
e)	I enclose the payment of £				
Please House	e make cheques payable to "St Edmundsbury Bo e, Western Way, Bury St Edmunds, Suffolk, IP33 Most payments by credit card will be subject to a	orough Council" and post to Custon 3 3YU. Please allow ten working da	ays for this application	on to be processed. Please not	te: from Apri
	400.			FOR OFFICE USE ONLY	Y
Signa	ture of applicant:			Permit nos	
				Receipt no	
Date:					

Date _

Payment_

Initials _

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. For further information, see http://www.westsuffolk.gov.uk/privacy-and-cookies.cfm