

Parking Permit Application Form



Zone K
Bury St Edmunds
1 August 2017 –
31 July 2018

Website address: www.westsuffolk.gov.uk/parking

Title: First name Middle name(s) initials Last Name
 Address: Postcode:
 Home tel no: Work tel no: Mobile tel no:
 Email: @ (please indicate preferred daytime contact)

1. Do you wish to apply for a permit? (See Terms and Conditions for cost) Yes

Please note: Disabled badge holders and senior citizens (without access to a vehicle) may be entitled to have a permit free of charge.

Please indicate if you are:

(a) Disabled badge holder Blue badge serial number and the expiry date: _____

(see condition 9 on Terms and Conditions regarding eligibility)

(b) Senior citizen without access to a vehicle Date of birth _____

(see condition 10 on Conditions of Use sheet regarding eligibility)

2 Self adhesive permit holders at 50p each

If you are applying for a permit please give details of the most used vehicle(s) the permit will apply to:

Details	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Registration No. Private/Light Goods (Max 3.5T)				
Motorcycle				
Make				
Colour				

DECLARATION

- a) I hereby apply for a parking permit in accordance with the Borough of St Edmundsbury (Parish of Bury St Edmunds) (Thingoe Hill) (Prohibition and Restriction of Waiting Revocation) (Street Parking Place) (Zone K) Order 2009.
- b) I declare that the information given in this application is true.
- c) I undertake to abide by the terms and conditions as set out on the General Conditions of Use sheet.

d) I enclose the payment of £

Please make cheques payable to "St Edmundsbury Borough Council" and post to Customer Services, St Edmundsbury Borough Council, West Suffolk House, Western Way, Bury St Edmunds, Suffolk, IP33 3YU. Please allow ten working days for this application to be processed. **Please note:** from April 2014 Most payments by credit card will be subject to a fee, in line with that charged by the card payment service – currently 0.38%., Debit cards are free to use.

Signature of applicant:

Date:

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>

FOR OFFICE USE ONLY	
Permit nos.	_____
Receipt no.	_____
Date	_____
Payment	_____
Initials	_____