

Parking Permit Application Form



Zone L

Bury St Edmunds
1 December 2016 –
30 November 2017

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 purchase one permit? Yes [] No []
2. Do you wish to purchase a second permit?
(see Terms and Conditions for costs) Yes [] No []

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)

3. Please indicate if you wish to purchase a permit holder for your windscreen (price 50p)

If you are applying for a permit (free or otherwise) please give details of the most used vehicle(s) the permit(s) 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 Suffolk County Council (Various Roads, Bury St Edmunds) (Prohibition and Restriction of Waiting, Permit Parking Zone 'L' and Revocation) Order 2014.
- 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 and understand that the purchase of this permit/s does not guarantee a parking space will always be available.

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	_____