

# Visitor Parking Vouchers Application



## Zone L Bury St Edmunds

Website address: [www.westsuffolk.gov.uk/parking](http://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)

The vouchers are available in multiples of ten at a cost of **£8 for ten vouchers**. Please note that a maximum of 50 vouchers may be purchased per household per year (between 1st December and 30th November annually). Please indicate how many vouchers you require:

10       20       30       40       50

Evidence of permanent residence must be produced when calling at the council offices in person to collect vouchers.

If **known** please give details of the most used vehicle(s) the voucher(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 visitor vouchers 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 these vouchers 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	
Voucher nos.	_____
Receipt nos.	_____
Date	_____
Payment	_____
Initials	_____