

Disabled Persons Parking Scheme – Application Statement for completion by organisations

Please note that a permit will not be issued unless <u>all</u> details on the application are completed.

1.	Organisation N	Name			
2	Nome of Indivi	dual who will take responsibility for the use of t	ha narking narmita		
۷.	Name of Indivi	dual who will take responsibility for the use of t	ne parking permits.		
3.	Address				
4.	Telephone nur	mber			
5.	. Types of disability experienced by the passengers regularly transported by your organisation.				
6.	5. Types of appliances used for support to aid the passengers' mobility.				
7.	For what purpo	ose is the permit to be used?			
8. Vehicle details.					
8.	Vehicle details				
8.	Vehicle details Number	Make of Vehicle	Vehicle Registration Number	Colour	
8.	Number 1		Vehicle Registration Number	Colour	
8.	Number 1 2		Vehicle Registration Number	Colour	
8.	Number 1 2 3		Vehicle Registration Number	Colour	
8.	Number 1 2 3 4		Vehicle Registration Number	Colour	
8.	Number 1 2 3 4 5		Vehicle Registration Number	Colour	
8.	Number 1 2 3 4		Vehicle Registration Number	Colour	
	Number 1 2 3 4 5 6 7 Declaration: I make this declarated I am aware I will comply with If my circumstant (14) days. I furth	Make of Vehicle aration in the firm belief that all the information provinthat false declarations may be punishable by law. In the "Conditions of Use" for the permit. Indees change in any way likely to affect my eligibility for the agree that the permit remains the property of the lich return being required.	ded on this form is, to the best of my kn or the permit, I agree to notify the issuin	owledge, true and correct	
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Moira Shire Council ABN: 20 538 141 700

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