



APPLICATION FOR A DISABLED PARKING PERMIT

PLEASE CLEARLY PRINT ALL INFORMATION

Name of Disabled Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_ Email: \_\_\_\_\_

Is the required Medical Form attached? Yes  No

If "No", has one been submitted in the last 5 years? Yes  No

If you are applying on behalf of the disabled person please describe the nature of your relationship:

Family member:  Relationship: \_\_\_\_\_

Close friend:

Caregiver:

Other:  Describe: \_\_\_\_\_

I have read and understood the guidelines with regard to the Disabled Parking Permit.

Signature of Disabled Person: \_\_\_\_\_

Or

Signature of Applicant on behalf of Disabled Person: \_\_\_\_\_

Date: \_\_\_\_\_ Permit No. \_\_\_\_\_