



Hamilton
Bermuda at its *best*

DOCTOR'S VEHICLE PARKING PERMIT APPLICATION

(WITHIN THE CITY OF HAMILTON)

Name:		
Practice Business Name:		
Practice Location in Hamilton:		
Mailing Address (if different):		
Contact numbers:	<u>Work:</u>	<u>Fax:</u>
Email:		
Vehicle Licence Number:		
Location request:		

REQUIREMENT: NEW APPLICATIONS MUST BE ACCOMPANIED BY A COVER LETTER DETAILING VALID JUSTIFICATION FOR THE BAY REQUEST

ANNUAL COST: \$3,500.00 (JANUARY 1ST – DECEMBER 31ST)

Signature of Applicant

Date

Print Name

FOR CORPORATION OF HAMILTON ONLY:

FINANCE: Amount Paid: \$_____

Receipt Number: _____

ENGINEERING:
Permit Number: _____

Permit Issue Date: _____