

PARKING PERMIT



Vehicle Make & Model:

Registration Number:

Location:

Authorised by ADC:

Name:

Address:

Phone Number:

Reason for Closure:

Date Taken/Returned:

Applicants Signature:

Note: Temporary closure of restricted parking spaces will normally only be granted for goods and service vehicles and community organisations.

Office Use Only:

Fee:

Invoiced:

Hood Nos:

No of Cones:

Initial: