 Customer Care Centre, Bailey’s New Street, Waterford 0818 10 20 20

contact@waterfordcouncil.ie

**APPLICATION FORM FOR A CARER’S PARKING PERMIT**

**I wish to apply for a Carer’s Parking Permit, and declare that the following information is accurate and correct to the best of my knowledge and belief. I further declare that this address is my principal place of residence and I am currently residing at this address.**

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Only fully completed forms, accompanied by ALL of the required documents, will be accepted.**

1. Letter from your G.P. on headed stationary, confirming the requirement of ongoing daily care for a chronic illness.
2. A copy of a recent household utility bill e.g. Gas, ESB, TV, Landline Phone, TV Licence **OR** copy of recent Bank/Credit Card Statement **OR** recent correspondence from Dept. Of Social Welfare/Revenue.
3. A Carer’s Parking Permit is valid for 12 months only.
4. On expiry, a new application must be made (accompanied by a recent G.P. letter).

**Applicant Details: Please use BLOCK CAPITALS**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street # 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street # 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The responsibility for the renewal of any parking permit lies with the permit holder.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street # 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street # 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The responsibility for the renewal of any parking permit lies with the permit holder.

**For Official Use Only**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permit No: \_\_\_\_\_\_\_\_\_\_\_\_\_**