



Customer Care Centre, Bailey's New Street, Waterford
Tel: 0761 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 stationery, confirming the requirement of ongoing daily care for a chronic illness.
2. Copy of a recent household utility bill e.g. Gas, ESB, TV, Landline Phone, TV Licence, Irish Water **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.	

For Official Use Only

Date: _____

Permit No: _____