

Disabled Parking Permit Application

KINGSTON DISABLED PERSONS PARKING SCHEME - ORGANISATIONS



City of
KINGSTON

Please use block letters

1. Organisation Details

Organisation Name	
Name of individual who will take responsibility of permit	
Organisation Address	
Phone number	
Vehicle Registration	

2. Types of disabilities experienced by the passengers regularly transported by your organisation?

--

3. Types of appliances used for support to aid the passengers' mobility?

--

Should your organisation require more than one permit, please complete separate form for each vehicle required

4. Applicant declaration

I make this declaration in the firm belief that all the information on this form is, to the best of my knowledge, true and correct and I am aware that false declarations may be punishable by law. I will fully comply with the 'conditions of use' for the permit. I agree that the permit remains the property of the issuing council and will be returned within seven (7) days of notification of such return being required.

Applicant Signature	Date
---------------------	------

community inspired leadership

kingston.vic.gov.au

Cheltenham 1230 Nepean Highway Chelsea 1 Chelsea Road

1300 653 356 131 450 03 9581 4500 PO Box 1000, Mentone 3194 info@kingston.vic.gov.au cityofkingston kingstoncc