



Office Use Only		
Issue Date	/	/
Expiry Date	/	/
No.		

Disabled Persons Parking Scheme Application

Statement for completion by organisations

PLEASE NOTE: A permit will not be issued unless all details on the application are completed.

1 Organisation name

2 Name of an individual who will take responsibility for the use of the parking permits

3 Address

4 Telephone number

5 Types of disability experienced by the passengers regularly transported by your organisation?

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

7 For what purpose is the permit to be used?

NB Should your organisation require more than one label, please justify your claim in writing.

Declaration

I make this declaration in the firm belief that all the information provided 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 comply with the Conditions of Use of this permit.

If my circumstances change in any way likely to affect my eligibility for the permit, I agree to notify the issuing authority within fourteen (14) days. I further 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.

Applicants name

Date

Disabled

The City of Monash abides by the principles of the Privacy Act 2000. The personal information required to be provided in this application form is required for the purposes of administering the **Disabled Parking Permit scheme**. This information will not be released to any other person or organisation. You have the right to access your personal information. If you wish to do so, please contact Council

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