

Disabled Persons Parking Scheme Application for Organisations

OFFICE USE ONLY

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

Date:

Organisation Name:

Permit No:

Renewal Date:

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

Address:

Suburb:

Postcode:

Telephone No:

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

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

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" for the 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.

Applicant's Signature (or Applicant's Agent):

Date:

Privacy Note: The council collects and uses personal information (eg. Name and contact details) to help it plan and deliver services. We follow the rules in the Information Privacy Act 2000 about how personal information is collected and handled. You can access your personal information or find out more about the council's Privacy Policy by contacting the Information Privacy Officer on 9239 5100.



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Nuää

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Српски

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Việt ngữ

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TTY

9239 5153

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Soomaali فارسی Русский