

APPLICATION FORM

Advisory Parking Bays for Disabled People

I want to apply for an Advisory Disabled Parking Bay to be marked on the road outside my house.

Surname	
First Name	
House/Flat number	
Road	
Town	
Postcode	
Daytime telephone number (if none put none)	
e-mail address (if you would like us to contact you this way)	

Please tick the boxes below if they apply to you:-

<input type="checkbox"/>	I own a car
<input type="checkbox"/>	The car I use is owned by someone who lives at my address who provides transport for me.
<input type="checkbox"/>	I have no adequate off-street parking available.
<input type="checkbox"/>	I am a Blue Badge Holder
<input type="checkbox"/>	I qualify for PIP and score 8 or more on the 'moving around' indicator in the award or the the higher rate mobility component of Disability Living Allowance
<input type="checkbox"/>	I have other special medical needs. Please give details below

Other Special Medical needs:

I have enclosed a copy of the vehicle registration document (showing the vehicle registered at my address) and evidence that I am a Blue Badge Holder in receipt of PIP and score 8 or more on the 'moving around' indicator in the award or the the higher rate mobility component of Disability Living Allowance (or letter of support from my GP if over 65).

Signed : _____

Date : _____