



Parking Permit Application Form

Parking in Yarra

Please ensure you complete **both sides** of this form.

This form only applies for **new permit applications**. You do not need to complete this form for renewals or if you have been sent a Transitional permit.

Type of permit you are applying for: (please tick relevant box/es)

Residential or Visitor <small>(Only one visitor permit per household)</small>	Business	Temporary	Medical Practitioner
<input type="checkbox"/> \$28 first permit <input type="checkbox"/> Resident <input type="checkbox"/> Visitor <input type="checkbox"/> \$61 second permit <input type="checkbox"/> Resident <input type="checkbox"/> Visitor <input type="checkbox"/> \$94 third permit <input type="checkbox"/> Resident <input type="checkbox"/> Visitor	<input type="checkbox"/> \$99 first permit <input type="checkbox"/> \$148 second permit <input type="checkbox"/> \$148 subsequent permit	<input type="checkbox"/> Free	<input type="checkbox"/> \$99 first permit <input type="checkbox"/> \$148 second permit

Applicant details: (One application per person or vehicle owner. Please print clearly)

Title: _____ First name: _____ Last name: _____

Business name: _____

Business / residential address: _____

Suburb: _____ State: _____ Postcode: _____

Home phone: _____ Mobile: _____ Fax: _____

Work phone: _____ Email: _____

Vehicle details <small>(for residential permits only)</small>	Vehicle one	Vehicle two	Vehicle three
Registration number:			
Car make:			
Car type:			
Registration state:			

NB: Only one temporary permit in a 12 month period per property will be issued. Permits are not transferrable.

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Cost of permits:

Permit one: \$	
Permit two: \$	Total amount payable \$
Permit three: \$	Receipt number:

Medical Practitioner Authorisation:

 (complete only if applying for a Medical Practitioner's permit)

I certify the applicant is a Medical Practitioner who visits this hospital / medical facility and in my opinion is entitled to receive a permit.

Name: _____ Position: _____

Medical facility: _____

Signature: _____

Note:

If you are claiming an exemption from the first residential/visitor permit fee (\$28), your application must include a copy of your current Health Care or Pension Card.

Declaration:

I have read and agree to the conditions as written in the *Parking Permits and Conditions* Fact Sheet.*

Privacy information:

The personal information requested on this form is being collected by Yarra City Council for the purpose of assessing your permit application in accordance with the Local Government Act 1989. The Council will use this information only for that purpose or for directly related purposes. You may apply to Council for access to your personal information or to amend the same. If you do not provide this information your permit application cannot be processed.

* You can obtain a copy of this Fact Sheet online at www.yarracity.vic.gov.au or by calling 9205 5555.

I, the applicant for the Yarra City Council parking permit, have read the conditions of issue and the conditions of use and hereby undertake to comply with those conditions, and I declare that my residential address is the one stated in this application.

Signature: _____ Date: _____

- Before posting, please ensure you have:
- provided proof of residency
 - provided proof of registration
 - read and signed the declaration