



**Please Note: A permit will not be issued unless all details on the application are completed.*

***Please forward completed form to the HACC Department for processing.*

Office Use Only
Records Department

File No: CS/16/34

Document No:

SECTION 1 - ORGANISATIONS DETAILS

Organisation Name:

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

Address:

Telephone Number:

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.

SECTION 2- APPLICANT 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 fully comply with the "Conditions of Use" for the Permit. If my circumstances change in any way, and are likely to affect my eligibility for the permit, I agree to notify the issuing authority within (14) days. I further agree that the permit remains the property of the issuing council and will be returned within (7) days of notification of such return being required.

Name*

Signature*

Date*

**Privacy Statement*

We respect your privacy. We will not sell or give away your personal information, unless required by law. Occasionally, we may use your details for our own research purposes or to let you know about other council information. If you want to see your personal data, modify your details, or if you receive information from us you do not want in the future, please contact: 1300 520 520.

Office Use Only:

Permit Number: _____ Expiry Date: _____

Date Issued: _____ Issued By: _____