

NT TRAFFIC ACT AND NT TRAFFIC REGULATIONS, AUSTRALIAN ROAD RULES, LOCAL GOVERNMENT ACT 2008 AND CITY OF PALMERSTON BY-LAWS 2008

A parking permit is issued to assist people with permanent mobility limitations who need access to convenient parking within Palmerston. Permits are issued at the discretion of Council and may be issued, refused or cancelled. Any person refused this permit for any reason, may appeal that decision by contacting the Director of Technical Services.

APPLICANT DETAILS

Individual Applicant

(Requires Doctor's Report to be completed)

Community Organisation Applicant

(Requires letter from organisation stating number of permits and usage)

Mr / Mrs / Ms Surname: _____

First Name: _____

Organisation Name: _____

Residential Address: _____

Postal Address: _____

Email Address: _____

Telephone: (BH) _____

(AH): _____

(Mobile): _____

INDIVIDUAL APPLICANT

DECLARATION: I understand that the permit issued is for my use only, and that I must be using the vehicle whenever it is parked with the permit displayed and that any misuse of my permit may result in it being revoked.

Signature: _____

Date: _____ / _____ / _____

Doctor's Report (This section to be completed by a qualified medical practitioner)

STAMP HERE

Applicant Name: _____

Doctor Name: _____

Address: _____

Telephone: _____

Fax: _____

Does the applicant suffer from a physical disability affecting mobility? Yes No

The applicant's physical disability is: _____

Permanent

Temporary

If temporary, what is the expected duration of disability: _____

Please state the nature and extent of disability: _____

Does the application require mobility aids? Wheelchair Walking Frame Other

Doctor Signature: _____

Date: _____ / _____ / _____

COMMUNITY ORGANISATION APPLICANT

DECLARATION: I understand that the permit(s) issued is for the community organisation use only, and must be displayed when in use and any misuse of the permit(s) may result in permit(s) being revoked.

Signature: _____

Date: _____ / _____ / _____

Name of Authorised Person for Organisation: _____

OFFICE USE ONLY

Permanent

Temporary

Permit #:

Expiry:

Previous Permit #:

ID Confirmed (Individual): YES NO

Letter from Organisation: YES NO

Number of Permits Required: _____