

# APPLICATION FORM AND CONDITIONS



## REPLACEMENT RESIDENT PARKING PERMIT

I, the undersigned \_\_\_\_\_ (full name)  
of \_\_\_\_\_ (address)  
home phone: \_\_\_\_\_ business phone: \_\_\_\_\_ mobile: \_\_\_\_\_

in the State of New South Wales, do solemnly and sincerely declare and affirm that:

I require a **Replacement Resident Parking Permit** because I have replaced vehicle registration number \_\_\_\_\_ with a different vehicle as per the details below.

### PLEASE SELECT ONE OF THE FOLLOWING OPTIONS

1. I am the owner of the vehicle with registration number \_\_\_\_\_  
**OR**
2. (Name) \_\_\_\_\_ is the registered owner of the vehicle with  
registration number \_\_\_\_\_ but the vehicle is in my possession and is housed at  
my address. \_\_\_\_\_  
**OR**
3. The vehicle with registration number \_\_\_\_\_ is a company leased  
vehicle and is normally housed at my address. \_\_\_\_\_  
The company lessor name is \_\_\_\_\_  
There is/are \_\_\_\_\_ parking space(s) attached to my address.  
There is/are \_\_\_\_\_ vehicle(s) in my household.

### NEW VEHICLE DETAILS

Registration Number	Colour
Make	Type
Year	
Impact: Very Low <input type="checkbox"/>	Low <input type="checkbox"/>
Medium <input type="checkbox"/>	High <input type="checkbox"/>
Signature of Applicant	Date / /

#### PRIVACY STATEMENT

Personal details requested on this form will only be used for the purpose of processing your application. The supply of information by you is voluntary. If you cannot provide or do not wish to provide the information sought, the Council may not be able to process your application. Access to the information is restricted to Council officers and other authorised people. You may make application for access or amendment to information held by Council. Applications by members of the public to view Council's records are subject to the provisions of Council's Privacy Management Plan, Section 18 Government Information (Public Access) Act 2009 & Schedule 1 - Government Information (Public Access) Regulation 2009.

I have read and understand the Privacy Statement

Signed: ..... Date: .....

#### FOR COUNCIL USE

Amount paid \$	Permit No:	Area No:
Officer:	Receipt No:	Date Issued:
1st Permit: <input type="checkbox"/>	2nd Permit: <input type="checkbox"/>	Shared: <input type="checkbox"/>
Cancel Permit No:	Computer: <input type="checkbox"/>	Rangers/Police: <input type="checkbox"/>
Old Car Rego No:	Log Sheet: <input type="checkbox"/>	Area Folder: <input type="checkbox"/>