

APPLICATION FORM AND CONDITIONS



**RESIDENT PARKING SCHEME
RESIDENT'S PARKING
TEMPORARY PERMIT - INTERSTATE VEHICLES**

PERMIT No: _____/____

I, _____, being the owner/lessee of Property at
(address) _____, hereby certify that
vehicle registration No. _____ is in my possession, and request the issue of a temporary parking
permit for the period _____ to _____

DETAILS OF VEHICLE

Vehicle make _____ Vehicle type _____ Year _____ Colour _____

Signed: _____

Name Printed: _____

RPP TEMPORARY PERMIT - INTERSTATE VEHICLES

1. The applicant must meet the requirements of the Residential Parking Scheme and submit all documentation with this application.
2. Permit will be issued for a maximum of three months only.
3. The Permit is not valid unless displayed in a prominent position on the vehicle's dashboard.
4. The Permit does not allow you to park in areas such as "No Standing", "No Parking" or any restriction that does not specifically state "Authorised Residents' Vehicles Excepted" for the allocated area.

NOTE: Once NSW registration has been obtained a full parking permit must be applied for. (Refer application and checklist)
Cost is based on Council's Resident Parking Fees on a monthly pro-rata basis.

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

Area No: _____	R/N: _____
Amount: \$ _____	Date: _____

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