
 <p>DISABLED PERSONS PARKING SCHEME ORGANISATION APPLICATION</p> <p>PLEASE RETURN TO CITY OF GREATER GEELONG CUSTOMER SERVICE CENTRE OR PO BOX 104, GEELONG 3220</p>	 <p>CITY OF GREATER GEELONG</p>
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For an organisation to be eligible for a Disabled Persons Parking Permit it must be recognised by Council as providing a transport service for people with **significant ambulatory or intellectual disability** that would make them eligible for permits issued under the code. Permits will only be issued to organisations where they are transporting eligible people who **are unable** to “self manage” the use of their permits.

STATEMENT FOR COMPLETION BY THE ORGANISATION:

(PLEASE NOTE: A permit will not be issued unless all details on the application are completed.)

Please use BLOCK letters

Name of Organisation: _____
Name of an individual who will take responsibility on behalf of the organisation. (One person per organisation). _____
Address: _____ Postcode: _____
Postal Address (if different): _____
Phone: _____

Permit Details

How many permits are required? _____
Does the organisation/house currently hold any other Disabled Permits YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, how many?: Category 1 _____ Category 2 _____
Approximately how many people requiring disabled parking are transported by the organisation? _____
Do these people require: Extra Space <input type="checkbox"/> Extra Time <input type="checkbox"/>
How many of these people currently hold their own disabled permit? _____

Please provide the following information relating to your organisations vehicles:

	Registration Number	Type of Vehicle	Driver (Staff/Volunteer)
1			
2			
3			
4			

Declaration:

<p>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.</p> <p>I will comply with the 'Conditions of Use' for the permit and ensure that any user is aware of these conditions.</p> <p>If my circumstances change in any way likely to affect my eligibility for the permit, I agree to notify the issuing authority within fourteen (14) days. I further agree that the permit remains the property of the issuing Council and will be returned with seven (7) days of notification of such return being required.</p> <p>Applicant's signature: _____ Date: _____</p>
