



# APPLICATION FORM



## DISABLED PERSONS' PARKING PERMIT (BUSINESS)

Wyndham City Council  
Po Box 197 Werribee 3030  
45Princes Hwy Werribee 3030  
mail@wyndham.vic.gov.au

### APPLICANT'S DETAILS

Applicant's Name: .....

Organisation Name: .....

Organisation Address: .....

Suburb: ..... Post Code: .....

Telephone: ..... Mobile: .....

Business: ..... Fax: .....

Email: .....

### PERMIT DETAILS

*Should your organisation require more than one permit, please justify your request in writing*

Vehicle Details:      Make: .....      Model: .....      Rego No: .....

                                 Make: .....      Model: .....      Rego No: .....

                                 Make: .....      Model: .....      Rego No: .....

                                 Make: .....      Model: .....      Rego No: .....

                                 Make: .....      Model: .....      Rego No: .....

Types of disabilities experienced by the passengers regularly transport by your organisation?  
.....

Types of aids used to assist passengers with their mobility?  
.....

For what purpose is the permit to be used?  
.....

### PRIVACY STATEMENT

Your personal and health information is being collected by Wyndham City Council for the administration of disabled parking permits and other related council disability services and programs. The information will be used by Council and its contracted service providers for that primary purpose or a directly related purpose and maybe disclosed to other authorities regarding usage of the permit, but shall otherwise remain private within Council unless disclosure is required by law or consented to by you. You may apply for access and/or amendment of the information by writing to Council's Privacy Officer.

I ..... consent to the collection/use of my information on this form.\*  
Signature of Applicant: ..... Date: .....

*\*A signature authorising consent for collection is only required where health or sensitive information is being collected.*

### 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 comply with the 'Conditions of Use' for the permit. 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 Wyndham City Council and will be returned within seven (7) days of notification of such return being required.

Failure to return any existing or expired Permits with this application may result in refusal of a new Permit being issued.

Signature of Applicant: ..... Date .....

### OFFICE USE ONLY

Permit No: .....	GL	Narrative	Expiry Date: .....
Application Fee	Not Applicable	Not Applicable	