 RENEWAL FORM

**RENEWAL - PARKING PERMIT FOR PERSONS WITH DISABILITIES**

Not applicable to permits issued for a temporary period.

Please Note: Replacement permits may take up to seven (7) working days to process.

**PERMIT NUMBER:**

**PERMIT HOLDER DETAILS** (The permit holder is the person with the disability but an agent may renew on their behalf)

Permit Holder’s Name:

Date of Birth: Gender: Male 🞎 Female 🞎

Address:

Suburb: Post Code:

Home Phone: Mobile:

Business Phone:

Email: …………………………………………………………………………………………………………………………………………………………………

Previous Address:

**PRIVACY**

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 for 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 have read the above privacy statement and consent to the collection/use of my information on this form.

**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 (or Applicant’s Agent): Date:

Agent Name (if applicable):