

Application for a residents' parking permit

Please print this form and then complete in capital letters and black ink. You are advised to read the conditions of use, on our website before completing this form.

This scheme is undertaken by Shropshire Council. Therefore, all permits from previous local authorities must register as a first applicant initially.

Please tick what you are applying for;

First application: Renewal Application: Replacement: Change of details:

1. About you;

*Title (e.g. Mr, Mrs etc):

*Address:

*First Name:

*Last Name:

*Daytime telephone number:

*Postcode:

* - This is field must be completed

2. About your vehicle(s)

Please note: the number of permits allowed varies between schemes, please check our website pages for information.

PERMIT 1	VEHICLE 1	VEHICLE 2
*Vehicle registration		
*Make and model		
*Vehicle colour		
*Engine capacity		
*Registered keepers name		
*Registered keepers address		

PERMIT 2	VEHICLE 1	VEHICLE 2
*Vehicle registration		
*Make and model		
*Vehicle colour		
*Engine capacity		
*Registered keepers name		
*Registered keepers address		

3. Proof of eligibility

Proof of residence must accompany all permits applications and renewals.

This must be one of the following and must clearly show your full name and address;

- **Current council tax demand** – For current financial year
- **Utility bill** – current and in the name and address of the applicant
- **Rent/tenancy agreement** – current and in the name and address of the applicant
- **Driver's licence** – showing full name and address

Please send copies (do not send originals).

4. Your permit

Please state the residents parking place you would like the permit for;

Permits are issued for a period of one year, please indicate the date on which you would like the permit to commence.

D	D	M	M	Y	Y	Y	Y
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5. Declaration

I declare that I have read, understood and agree to abide by the rules and notes advertised on the website in connection with this application and confirm that the information I have supplied is true to the best of my knowledge and belief.

I authorise Shropshire Council to confirm my residency qualification by reference to any records (computerised or otherwise) that it holds in relation to the address to which this application refers.

Applicant's signature..... **Date**.....

Unsigned forms will not be accepted.

Please send this form to;

Public Protection & Enforcement,
Shropshire Council,
Shirehall,
Abbey Foregate, Shrewsbury,
Shropshire, SY2 6ND

6. Checklist

- Proof of residency
- Payment, made payable to Shropshire Council (cheques or postal orders only)