

**Application for a residents’ parking permit**

Please print this form and then complete in capital letters and black ink. You are required 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, please complete**

|  |  |
| --- | --- |
| Title |  |
| First Name |  |
| Last Name |  |
| Contact Telephone Number |  |
| Email Address |  |
| Address |  |
| Post Code |  |

**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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |

the permit to commence.

**5. Declaration**

I declare that I have read, understood and agree to abide by the rules, terms and conditions advertised on Shropshire Councils 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,

The Guildhall,

Frankwell Quay, Shrewsbury, Shropshire, SY3 8HQ

**6. Checklist**

Proof of residency

Payment, you will be contacted to make payment and directed to our automated payment service. If an email address is provided, a payment link will be emailed to you with a requirement to pay within 24 hrs upon acceptance of your application.