

APPLICATION FOR DISABLED PERSONS PARKING BAY

PERSONAL DETAILS

Title (Mr, Mrs, Miss, Ms)
Surname
First Name(s)
Date of Birth
Address
Telephone Number
Briefly describe your disability
Are you the holder of a current Blue Badge? Yes / No
Number
Expiry date



VEHICLE DETAILS

Do you drive a car yourself? Yes / No If not, who does?
Does the driver live at the above address? Yes / No
If no, please give details
Do you have off-street parking available? Yes / No
Are there any parking restrictions outside your property? Eg single or double yellow lines? Yes / No
Is there a residents parking scheme (rps) in your street?
Yes / No
NB. If there is a residents parking scheme you will need to apply for a formal bay.
DECLARATION
I apply for an advisory/formal residential disabled persons parking bay and declare that the above information is correct. I understand that an advisory bay cannot be enforced. I also understand that although intended for my use, any type of bay provided may be used by other disabled drivers/blue badge holders. I will arrange for Warwickshire County Council to be informed should the bay no longer be required by me.
Signature
Date



PLEASE RETURN THIS FORM TO:-

Advisory Bay -

(Stratford & Warwick District) (North Warwickshire, Nuneaton & Bedworth, Rugby Boroughs)

County Highways
South Area Office
Old Budbrooke Road
Warwick
CV35 7DP
County Highways
North Area Office
Coleshill Heath Road
Coleshill
B46 3HL Email:

Email: chnorth@warwickshire.gov.uk

Tel: 01926 412515 Tel: 01926 412515

Or

Formal Bay -

Parking Management
Traffic and Road Safety Group
PO Box 43
Shire Hall
Warwick
CV34 4SX

Date

FOR OFFICE USE ONLY:

Confirmation from Resources Directorate that the applicant is the holder of a current Blue Badge.
Signature