

Advisory Parking Bays for Disabled People

I want to apply for an Advisory Disabled Parking Bay to be marked on the road outside my house.

Surname

First Name

Address

House/Flat number

Road/Court

Town

Postcode

Daytime phone number (if none, put 'none')

email address

if you want us to contact you in this way

Please tick the boxes below if they apply to you:-

I own a car.

The car I use is owned by someone who lives at my address who provides transport for me.

I have no off-street parking available.

I qualify for the higher rate mobility component of Disability Living Allowance.

My next door neighbours support this application.

I have other special medical needs. Please give details:-

I am a Blue Badge Holder

I have enclosed a copy of the vehicle registration document (showing the vehicle registered at my address), letters of support from my next door neighbours and evidence that I am a Blue Badge Holder in receipt of the higher rate mobility component of the Disability Living Allowance .

Signed : _____

Date : _____