



# Southwark Council

## Estate Parking Permit Application Form For Visitors/Carers

Please read the Visitor Parking Permit - General Conditions of Use leaflet carefully before completing this form.

TITLE (Mr/Mrs/Miss/Ms ) LAST NAME

FIRST NAMES

ADDRESS AND POSTCODE

DAYTIME TELEPHONE NUMBER (IF KNOWN)

DATE MOVING TO ABOVE ADDRESS (IF APPLICABLE)  /  /

EXISTING RESIDENTIAL PERMIT NUMBER (IF ANY)

CARER'S PERMIT REQUIRED  YES / NO

TITLE (Mr/Mrs/Miss/Ms ) LAST NAME

FIRST NAMES

ADDRESS AND POSTCODE

CARERS VEHICLE REGISTRATION:  MAKE  COLOUR

VISITOR PERMIT REQUIRED  YES / NO

If you are applying for Visitors Permits, please take your application to the local Cashiers Office where a receipt will be given for the £30 charge. You will then be able to collect the permits from the Neighbourhood Office. For a Carer Permit please take your completed application to the Neighbourhood Office.

I agree to be bound by the terms of the issue of the Visitor Parking Permit Scheme as laid down in the "Estate Parking Permits For Visitors/Carers - General Conditions of Use" leaflet.

I will inform the Council and return any unused Visitor Parking Permits if I cease to be a resident at the above address.

I declare that I have read, and agree to abide by the conditions of Use governing the issue and use of Visitor Parking Permits in the London Borough of Southwark.

In making this application, I understand that authorised Officers of the Council may check the statements made in this application against any appropriate source of information including, but not limited to, the Electoral Roll, and/or Housing Department records. (In some circumstances the information provided in this application may be used by Southwark Council in carrying out its statutory duties.)

Signature:

Date:  /  /

Please ensure that you have answered all questions fully and read and signed the declaration above. Please ensure that all required documents are presented with your application. For visitors permits proof of residency and/or identity. For carer's permits the vehicle registration document and current MOT certificate. Failure to comply may result in delay or refusal to issue visitors permit.

# For Neighbourhood Office Use Only

1.	Date Received	<input type="text"/>
2.	Processed By	<input type="text"/>
3.	LB of S Resident	Yes / No
4.	On Tenant List	Yes / No
5.	Other Resident	Yes / No
6.	DL&VRD Address	Yes / No
7.	Appl. on Hold	Yes / No
8.	Date of Last Issue	<input type="text"/>
9.	Year to Date Issued	<input type="text"/>
10.	Date of Issue	<input type="text"/>
11.	Permit Numbers/First	<input type="text"/>
12.	On Permit System	<input type="text"/>

# Cashiers Office Use Only

1.	Date Paid	<input type="text"/>
2.	Payment Method	Cash / Cheque / Other
3.	Cashier	<input type="text"/>
4.	Receipt Number	<input type="text"/>

PLEASE ATTACH THE RECEIPT TO THIS APPLICATION. THANK YOU.