



Application for a Parking Permit for

Disabled Persons with a Mobility Limitation

Application Details

Surname..... First Names.....
Address for Correspondence.....
Residential Address
Contact Numbers (BH).....(AH).....
Mobile.....

Declaration: I understand that the Permit issued is for my use only and that I must be using the vehicle whenever it is parked with the permit displayed and also, that any abuse or misuse of my permit may result in it being revoked by Litchfield Council.

Signature of applicant /guardian.....Date/...../.....

A parking permit is primarily issued to assist people with permanent mobility limitations and who, because of their disability their movement is restricted and need access to convenient parking.

Doctor's Report (This section to be completed by a qualified medical Practitioner)

1. Does the Applicant suffer from a physical disability affecting mobility? Yes / No
2. The Applicants physical disability is Permanent Temporary
3. To what extent is the applicant's movement restricted, necessitating the need for a parking permit?
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4. Please state the nature and extent of the disability:.....
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5. Does the Applicant require the use of mobility aids? Please specify equipment:
Wheelchair Walking frame Other

Name of Medical Practitioner.....

Address.....

Doctor's Signature.....Date...../...../.....

Privacy

Litchfield Council will comply with the information Privacy Principals contained in the Northern Territory Act These Principles protect the privacy of personal information collected and held by the Council.