

Organisational Disabled Parking Permit Application

A separate application for each permit is required

NEW RENEWAL - *Permit number*

Vehicle rego number (if applicable)

SECTION 1: ORGANISATION DETAILS

Organisation Name

PERSON RESPONSIBLE FOR THE PERMIT

Title

First name(s)

Surname

Email

Phone

For what purpose is the permit to be used?

Types of disability experienced by the passengers regularly transported by your organisation?

POSTAL ADDRESS

Unit/Number

Street

Suburb

Postcode

Types of appliances used for support to aid the passengers' mobility?

How many permits do you require?

If your organisation requires more than one permit, please supply written justification, together with individual permit applications.

Go to Section 2 

Contact us

Phone 1300 88 22 33 or 9298 4598 Fax 9298 4345

maroondah@maroondah.vic.gov.au | www.maroondah.vic.gov.au | PO Box 156, Ringwood 3134 | DX 38068, Ringwood

Visit us

City Offices Braeside Avenue, Ringwood **Realm** 179 Maroondah Highway, Ringwood **Croydon** Civic Square, Croydon

ABN 98 606 522 719

SECTION 2: STATEMENT OF ACCEPTANCE

I declare that the information I have provided is true and correct. I have read and understood and agree to Maroondah City Council's permit 'Conditions of Issue and Use' and wish to apply for the selected permit to use in accordance with these terms. I will ensure that the permit is not sold, transferred or assigned to another party and will be solely used for purposes as stated. I agree to return the permit if my eligibility changes. I acknowledge information found to be false in support of this application will result in my permit being cancelled.

Applicant Name

Signature

Date

Maroondah City Council is committed to protecting your privacy as prescribed by the Privacy & Data Protection Act 2014 and the Health Records Act 2001. The information you provide on this form is being collected by Maroondah City Council for the strict purpose of conducting Council business. Your information will not be disclosed to any external party without your consent, unless Council is required or authorised to do so by law. Failure to provide the information requested may make you ineligible to receive the service or be part of an event/function that is the subject of this form. Any access to the information, amend ments that may be required or any privacy enquiries may be directed to Council's Privacy Officer & Health Records Officer on 9298 4211 or email - privacy@maroondah.vic.gov.au

For further information contact Maroondah City Council on 1300 88 22 33 or 9298 4598

Please complete application form and return with supporting documents via one of the methods below.

EMAIL

Please email the completed application form with any required supporting documents to: maroondah@maroondah.vic.gov.au

MAIL

Maroondah City Council
PO Box 156
Ringwood 3134

FAX

Please fax the completed application form with any required supporting documents to:
03 9298 4345

IN PERSON

Realm

179 Maroondah Highway, Ringwood

**Croydon Centre, Service Centre
7 Civic Square, Croydon**

Tel: 1300 88 22 33

For Further information please contact Council by:

Email: maroondah@maroondah.vic.gov.au

Phone: 1300 88 22 33 or (03) 9298 4598

SMS: 0480 020 200

Live Chat: www.maroondah.vic.gov.au

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