

# Accessibility (disabled) parking bay application form

Parking in Yarra

D17/30996



## APPLICATION INFORMATION

Please complete all sections of this application form and return together with supporting documentation to the Yarra City Council.

You must provide your full name, residential address, contact number and email address for your application to be assessed.

For further information please visit [www.yarracity.vic.gov.au/parking](http://www.yarracity.vic.gov.au/parking)

## APPLICANT DETAILS \*Mandatory field. All applicable sections must be completed

|  |            |
|--|------------|
| First name*  | Last name* |
| Business name (if applicable)*   |            |
| Street address*  | Suburb*    |
| State  | Postcode   |
| Preferred contact telephone number*  |            |
| Email*   |            |
| Please confirm that we can contact you via email* <input type="checkbox"/> Yes <input type="checkbox"/> No |            |

## PROPERTY DETAILS \*Mandatory field. All applicable sections must be completed

**QUESTION 1** Are you the property owner at this address?\*  Yes **GO TO QUESTION 4**  No **GO TO QUESTION 2**

**QUESTION 2** Are you renting the property?\*  Yes **GO TO QUESTION 4**  No **GO TO QUESTION 3**

**QUESTION 3** Other (please specify)

**QUESTION 4** What is your preferred time and day you would like to be contacted?

## INSTALL AN ACCESSIBLE PARKING BAY Applicable for requests to install an accessible parking bay

### Site location

The site location is the same as the applicant's address\*  Yes  No **IF NO, PLEASE COMPLETE SECTION BELOW**

|                |        |
|----------------|--------|
| Street address | Suburb |
| Postcode       |        |

### Please tick relevant boxes to assist assesment of your application

I hold a current disabled parking permit\*  Yes **PLEASE COMPLETE SECTION BELOW**  No

Disabled parking permit number (please also attach a copy of your permit to this form)

I hold a current disabled parking permit - passenger permit holder has a carer who lives at the same property  Yes  No

Do you have an accessible off street parking/car port/parking space within your property?  Yes  No

## IMPORTANT INFORMATION

Submitting this application is not a guarantee that we will automatically install an accessible (disabled) parking bay. We will review your application and will advise you of the outcome soon.

**Please provide reasons to support your application** (additional pages can be attached to this application)

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## REQUEST TO REMOVE AN EXISTING ACCESSIBLE PARKING BAY Applicable for requests to remove an existing accessible parking bay

Please tick relevant option

- The accessible parking bay is no longer required
- I notice that the accessible parking bay has not been used therefore I request removal
- Other (please specify)

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## REQUEST TO RELOCATE AN EXISTING ACCESSIBLE PARKING BAY Applicable for request to relocate an existing accessible parking bay

Please tick relevant option

- The current location is not suitable
- I have relocated to a new address within the City of Yarra
- Other (please specify)

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## OTHER INFORMATION TO SUPPORT YOUR APPLICATION Optional for all applications

**Additional information.** Photos can be attached to this application.

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## DECLARATION \*Mandatory field. All applicable sections must be completed

I acknowledge the information provided in this application form is correct and  
(a) I am authorised to sign on behalf of the applicant organisation. (If not a Yarra resident)

Signature\*

Print name\* Date\*

## CHECKLIST

- All relevant sections of this application form have been completed
- Form is signed
- I have provided my full name, contact telephone number and email address
- I have attached relevant documentation relating to my application