

# Parking change restriction review application form (introduce or change parking restrictions)

Parking in Yarra

D17/30995



## APPLICATION INFORMATION

Please complete all sections of this application form and return 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. PO Box addresses are not accepted.

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\*  Yes  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?

What are your business operation hours?\*

## SITE LOCATION If applicable

Street address Suburb

Postcode

Please provide closest intersections (ie Bridge Road, between Church and Gleadell streets)

**Please provide details of parking difficulties you are experiencing and when.** (additional pages can be attached to this application)

## CURRENT PARKING RESTRICTION \*Mandatory field

**What is the current parking restriction?** (If applicable)

**What parking restriction would you like to propose?\***

# Parking change restriction review application form (introduce or change parking restrictions)

Parking in Yarra

D17/30995



## OTHER INFORMATION TO SUPPORT YOUR APPLICATION (Optional)

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


## SUPPORT FOR THIS APPLICATION \*Mandatory field. All applicable sections must be completed

Please provide the name, address and signature of three residents/businesses (from the area that will be impacted) who support this application (one resident per one property).

### SUPPORT 1

I support parking proposal of the applicant

First name*	Last name*
Business name (if applicable)	
Street address*	Suburb*
State	Postcode*
Preferred contact telephone number*	Email*
Signature*	Date*

### SUPPORT 2

I support parking proposal of the applicant

First name*	Last name*
Business name (if applicable)	
Street address*	Suburb*
State	Postcode*
Preferred contact telephone number*	Email*
Signature*	Date*

### SUPPORT 3

I support parking proposal of the applicant

First name*	Last name*
Business name (if applicable)	
Street address*	Suburb*
State	Postcode*
Preferred contact telephone number*	Email*
Signature*	Date*

# Parking change restriction review application form (introduce or change parking restrictions)

Parking in Yarra

D17/30995



## 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 three supporting references for this application
- I have provided my full name, contact telephone number and email address
- I have attached relevant documentation relating to my application

## FURTHER INFORMATION

Find out more about the parking restrictions review process and timelines: [yarracity.vic.gov.au/parkingrestrictionsreview](http://yarracity.vic.gov.au/parkingrestrictionsreview)