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

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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 $\operatorname{email}^* \ \square \operatorname{Yes} \ \square \operatorname{No}$		
PROPERTY DETAILS *Mandatory field. All applicable sections must be completed		
QUESTION 1 Are you the property owner at this address?* Yes QUESTION 2 Are you renting the property?* Yes GO	No GO TO QUESTION 2 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	e 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 restriciton? (If applicable)		
What parking restriction would you like to propose?*		

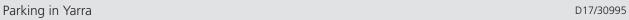
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OTHER INFORMATION TO SUPPORT YOUR APPLICATION (Optional	
Additional information. Photos can be attached to this application.	
SUPPORT FOR THIS APPLICATION *Mandatory field. All applicable sections	must be completed
Please provide the name, address 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*

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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*
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