

South Tyneside Council

APPLICATION FORM

DISABLED PERSONS PARKING SCHEME

Surname	Initials Title (Mr/Mrs etc)	
Address		
	Post Code	
Telephone Number		50
Oo You Receive the Higher Rate I Survey Use Only)	Mobility Component of the Disability Living Allowance?	(For
Blue Badge Number	Date of Expiry	
- , , ,	quire a parking space outside the above address.	
G.		
. How often is a vehicle used		
. How often is a vehicle used	l by the badge holder?	
. How often is a vehicle used	I by the badge holder?	

4.	Where is the vehicle normally kept when not in use?				
5.	Do you have off-street parking facilities eg garage or driveway at your home ? (Please Tick)				
	Yes	please sketch below	No		
6.	We will need evidence of vehicle ownership. Please enclose a photocopy of the vehicle registration Document (V5C) PLEASE DO NOT SEND THE ORIGINAL. If you have a Motability vehicle you can ask Motability Operations for a copy of the vehicle registration document. The address is Motability Operations, City Gate House, 22 Southwark Bridge Road, London, SE1 9HB. Alternatively they can be contacted on 0845 456 4566 or via their website www.motability.co.uk				
DECI	LARATION				
can be	e offered. Also altho holders. I will arra	ough the bay would be cl	e parking bay is advisory only and no formal enforcement early intended for individual, it may be used by other disabled ices Department to be informed should the bay no longer be		
Signature:			Date		
	e Note: the provision and to the application		information will delay the processing of this application and		
OFFIC	CE USE				
Grante	d Ref	ised Reaso	n		
REF N	O	Officer	Date		
no inco	nvenience to yourse	elf. You will be informe	d by post of the outcome of the application. It may take eccept our apologies for any inconvenience this may cause.		
Please	Return to:	-	AO. Mrs S Gray), Business Resources, eddon Way, South Shields, Tyne and Wear,		