

**APPLICATION FOR AN ADVISORY
DISABLED PERSON'S PARKING BAY**

(PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS)

APPLICANT DETAILS

SURNAME (Mr, Mrs, Miss, Ms): _____

FORENAMES (in full): _____

ADDRESS: _____

TEL NO: _____ **DATE OF BIRTH:** _____

1. ARE YOU REGISTERED DISABLED?

YES / NO

Please give details of the nature of your disabilities

2. DO YOU RECEIVE AN ATTENDANCE ALLOWANCE OR THE MOBILITY COMPONENT OF THE DISABILITY LIVING ALLOWANCE?

YES / NO

(if YES – copy of proof must be attached)

3. ARE YOU THE OWNER AND DRIVER OF THE VEHICLE WHICH WOULD USE THE BAY?

YES / NO

VEHICLE REGISTRATION NUMBER: _____

4. IF YOUR ANSWER TO QUESTION 3 IS **NO**, THEN THE PERSON USING THE BAY **MUST** BE A **PRIMARY "CARER"**.
THIS IS DEFINED AS SOMEONE WHO LOOKS AFTER RELATIVES OR FRIENDS, DUE TO DISABILITY OR ILLNESS WHEN THEY CANNOT MANAGE AT HOME WITHOUT HELP

DOES HE/SHE RESIDE AT YOUR ADDRESS

YES / NO

If "NO", please give details

NAME _____

ADDRESS _____

POST CODE _____

CAR MAKE _____

REGISTRATION NUMBER _____

HOW OFTEN DOES YOUR PRIMARY CARER VISIT YOUR HOME:

DAILY

WEEKLY

MONTHLY

5. ARE YOU THE HOLDER OF A CURRENT BLUE BADGE?

YES / NO

NUMBER: _____ **EXPIRY DATE:** _____

IF "**NO**", PLEASE GIVE DETAILS OF THE BLUE BADGE HOLDER:

6. DO YOU HAVE OFF-STREET PARKING (Garage or Driveway)

YES / NO

7. DO YOU HAVE ON-STREET PARKING CLOSE TO YOUR HOME?

YES / NO

8. IS THERE AN EXISTING RESIDENTS PARKING SCHEME WHERE YOU LIVE?

YES / NO

9. ARE THERE ANY OTHER WAITING RESTRICTIONS IN PLACE?

YES / NO

10. IS THE ROAD AT LEAST 6.5 METRES (21.5 FEET) WIDE?

YES / NO

11. IS THE WIDTH OF YOUR PROPERTY AT LEAST 5.5 METRES (18 FEET)?

YES / NO

12. IS YOUR HOME CURRENTLY FOR SALE?

YES / NO

13. ARE YOU INTENDING TO MOVE WITHIN THE NEXT SIX MONTHS?

YES / NO

14. HOW LONG HAVE YOU LIVED AT THIS ADDRESS?

____ Years ____ Months

The Council has a duty to protect the public funds it handles and so the information you have provided on this form may be used to prevent and detect fraud. This information may also be shared for the same purposes with other organisations which handle public funds.

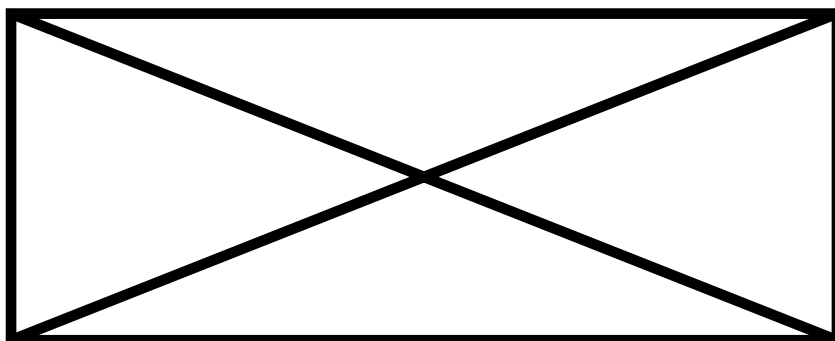
I APPLY FOR A DISABLED PARKING BAY AND DECLARE THAT ALL INFORMATION I HAVE GIVEN IN THIS APPLICATION IS CORRECT.

I HAVE NO AVAILABLE OFF-STREET PARKING (i.e. garage/driveway).

SIGNATURE: _____ DATE: _____

APPLICATION FOR AN ADVISORY DISABLED PERSON'S PARKING BAY

Example of Advisory Disabled Parking Bay Provided:-



D I S A B L E D

For Office Use Only:

TO BE COMPLETED BY THE SOCIAL SERVICES DEPARTMENT

I declare that to the best of my knowledge and belief, the applicant is the holder of a current Orange/Blue Badge, as mentioned overleaf) :

YES:

NO:

Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO:-

County Highways,
Environment and Economy Directorate,
Old Budbrooke Road
Warwick
CV35 7DP