



APPLICATION FORM FOR THE PROVISION OF A DISABLED PERSON'S PARKING BAY

Disabled parking places are for people who have severe problems getting around and who currently have a Blue Badge.

To qualify for a disabled persons parking place to be created near your home, you must have a Blue Badge and a suitable vehicle must be registered with DVLA to your address.

You must provide a copy of the vehicle registration document V5 with your application. If a copy is not provided, we will not be able to process your application

An application can only be considered where no other off street parking can be used or provided. It may not be possible to create a disabled person's parking place in some areas because of the disruption this will cause to local traffic

Please remember these parking places are not for your exclusive use and can be used by anyone displaying a Blue Badge.

You must have your Blue Badge on display in your car otherwise the Police / Traffic Warden can issue you with a fixed penalty notice

If you think that you meet these requirements and wish to apply for a bay, please complete this form and return it to Traffic and Development Section, Argyll & Bute Council, 1A Manse Brae, Lochgilphead PA 31 8RD

- 1. Applicants full name:Mr/Mrs/Miss/Ms.....
2. Address: Post Code:
3. Telephone Number:
4. E-mail:
5. Do you have a Blue Badge? Yes/No
6. If YES in question 5, please give Serial Number, Date of Issue, Expiry Date

7. Is a car registered at this address? Yes/No

Please provide registration no. of vehicle

Is a copy of vehicle registration document V5 attached Yes/No

8. Do you have a driveway/vehicular access at this address? Yes/No

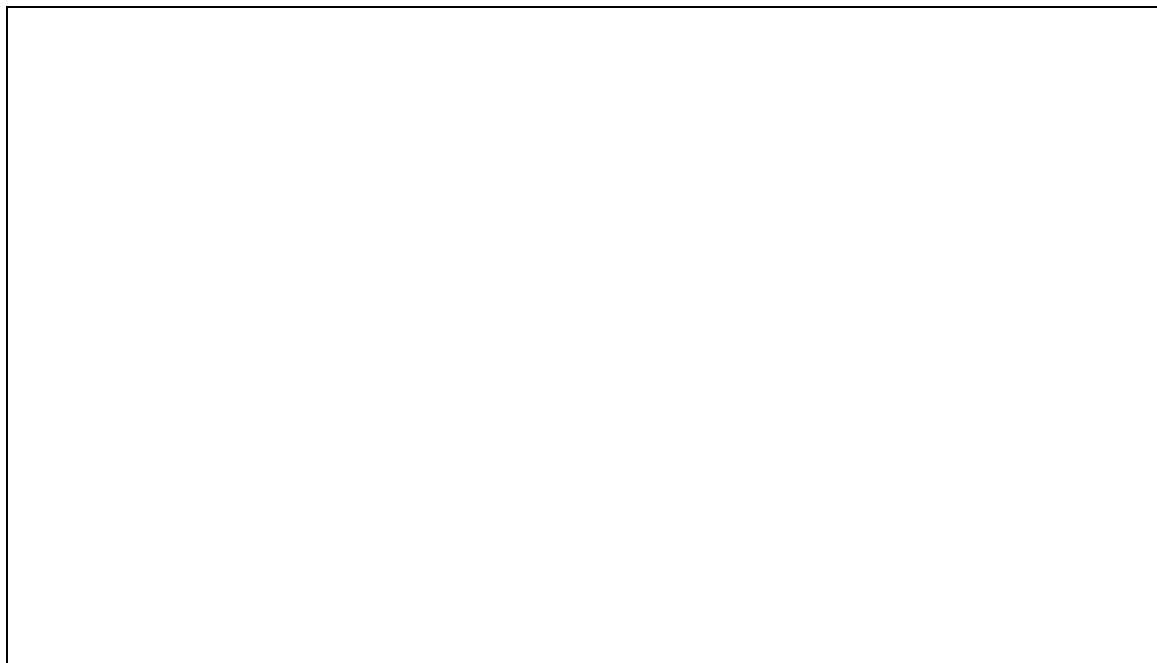
If the answer to question is no, do you have another location where off road parking is available Yes/No

9. What are the reasons for your parking difficulty?
(Please indicate within this description, the distance from your home which you normally have to park and if there are times when it is particularly difficult e.g. evenings).

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10. Where do you suggest a disabled person's parking bay could be located?
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Please provide a simple location sketch in the space below



I declare to the best of my belief all the statements I have made on this form are true and I agree to the Local Authority contacting other Agencies when necessary for the purpose of obtaining information to support my application.

I understand that the parking place is not for my exclusive use and can be used by anyone displaying a Blue Badge.

N.B. – If signing on behalf of the applicant, please provide a contact number if different from that of the applicant.

Signed: Date:

Name:

FOR OFFICE USE ONLY:

Date Application Received	
Date passed to Technical Officer	
Decision	
Date applicant notified of decision	