



CHANGE OF ADDRESS

1	Name of Applicant: Forename _____ Mr/Mrs/Miss/Ms	Surname _____
2	New Address: _____ Postcode: _____	
3	Daytime Telephone Number: _____	
4	Details of Vehicle for which Application is being made: (Does not apply to Essential Visitor Permits) Make: _____ Model: _____ Registration No: _____	
5	Old Address: _____ Postcode: _____ Previous Permit Expiry Date: _____ Previous Permit Number: _____ Make: _____ Model: _____ Registration No: _____	
6	<p>Declaration: I have read the Guidance Notes and certify that all the particulars given above are correct and that I am a Resident at the address shown in 2 above.</p> <p>Remittance of £ _____ enclosed (no fee payable if previous permit attached) (Please make cheques and Postal Orders payable to Plymouth City Council) PLEASE DO NOT ENCLOSE CASH</p> <p>WARNING – Any person knowingly making a false statement for the purpose of obtaining a Residents Parking Permit is liable to a fine not exceeding £1,000(Section 115 (2) Road Traffic Regulation Act 1984)</p> <p>Signature: _____ Date: _____</p>	

For counter staff use:

Temporary Permit Details	Zone/Street Permit Issued to:	Issue Date:	Expiry Date:	Time Issued:	Initials:

Please attach the previous blue permit and the new proof of residence.

If previous permit not returned then fee to be charged:

Receipt No: Amount Paid: Cheque/Cash/Card:

For back office staff use:

Zone/Street: <input style="width: 150px;" type="text"/>	Computer Update Stamp:	Permit Issue Stamp:
Permit Number: <input style="width: 150px;" type="text"/>		
Expiry Date: <input style="width: 150px;" type="text"/>		