

## Residents Parking Permit

<b>1</b>	Name of Applicant: Forename Mr/Mrs/Miss/Ms	Surname
<b>2</b>	Address:	
		Postcode:
<b>3</b>	Daytime Telephone Number:	
<b>4</b>	Details of Vehicle for which Application is being made: (Does not apply to Essential Visitor Permits)	
	Make:	Model:                      Registration No:
<b>5</b>	Has a permit previously been issued to you? No <input type="checkbox"/> Yes <input type="checkbox"/> Give previous address and vehicle details:	
		Postcode:
	Make:	Model:                      Registration No:
<b>6</b>	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 <b>2</b> above.	
	Remittance of £                      enclosed (Please make cheques and Postal Orders payable to Plymouth City Council) <b>PLEASE DO NOT ENCLOSE CASH</b>	
	<b>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)</b>	
	Signature:	Date:

**For counter staff use:**

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

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

**For back office staff use:**

Zone/Street: <input style="width: 150px; height: 30px;" type="text"/>  Permit Number: <input style="width: 150px; height: 30px;" type="text"/>  Expiry Date: <input style="width: 150px; height: 30px;" type="text"/>	Computer Update Stamp: <input style="width: 100%; height: 100%;" type="text"/>	Permit Issue Stamp: <input style="width: 100%; height: 100%;" type="text"/>
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