

# APPLICATION FOR ACCESSIBILITY (DISABLED) PARKING BAY



the place  
to live

## APPLICATION INFORMATION

Please complete all sections of this application form and return to the City of Darebin.

Lodgement of forms must be submitted

Email: [Transport@darebin.vic.gov.au](mailto:Transport@darebin.vic.gov.au)

Fax: (03) 8470 8877

You must provide your full name, residential address, contact number and email (if applicable) for your application to be assessed and be the permit holder.

For further information please visit [www.darebin.vic.gov.au/Darebin-Living/Parking-and-Transport/Parking](http://www.darebin.vic.gov.au/Darebin-Living/Parking-and-Transport/Parking)

## APPLICANT DETAILS

First Name  Last Name

Address

Suburb  Postcode

Phone  Email (if applicable)

Please confirm that we can contact you via email? Yes  No

## PROPERTY DETAILS

QUESTION 1: Are you the property owner at this address?

Yes  Go to question 4 No  Go to question 2

QUESTION 2: Are you renting the property?

Yes  Go to question 4 No  Go to question 3

QUESTION 3: Other  
(please specify)

QUESTION 4: What is your preferred time and day you would like to be contacted?

## INSTALL AN ACCESSIBLE PARKING BAY

### SITE LOCATION

The site location is the same as the applicant's address: Yes  No

IF NO, PLEASE COMPLETE SECTION BELOW

Address

Suburb  Postcode

## PLEASE TICK RELEVANT BOXES TO ASSIST ASSESSMENT OF YOUR APPLICATION

I hold a current Category 1 disabled parking permit

Yes  Please complete section below No

Disabled parking permit number

Do you have off street parking / car port / garage / parking space within your property?

Yes  No

### IMPORTANT INFORMATION

Submitting this application is not a guarantee that we will automatically install an accessible (disabled) parking bay.

We will review your application and advise you of the outcome soon.

Please provide reasons to support your application (additional pages can be attached to this application)

### CHECKLIST

- All relevant sections of this application form have been completed
- Form is signed
- I have provided my full name, contact telephone number and email address (if applicable)
- I have attached relevant documentation related to my application

### DECLARATION (ALL APPLICABLE SECTIONS MUST BE COMPLETED)

I acknowledge that the information provided in this application form is correct.

Applicant signature

Date  /  /

Print name

**PRIVACY STATEMENT** The collection and handling of personal information is accordance with Council's Privacy Policy which is displayed on Council's website and available for inspection at, or collection from, Council's customer service centre/s.

#### CITY OF DAREBIN

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**National Relay Service**  
[relayservice.gov.au](http://relayservice.gov.au)

If you are deaf, or have a hearing or speech impairment, contact us through the National Relay Service.



**Speak Your Language**  
T 8470 8470

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