

Application for a Works Zone Parking Permit

General Local Law 2 – Part 5 – Section 87.6

Applicant's Name: _____

Organisation: _____

Address: _____

Email: _____

Contact Person: _____

PH: (BH) _____ (AH) _____ (Mob) _____

Requested Date(s), Time & Location:

Start Date: _____ End Date: _____

Start Time: _____ End Time: _____

Location of Parking Bays to be used for Work Zone Parking:

Number of Parking Bays required: _____ @ **\$45.00 per bay per week** = \$ _____

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY: Date Paid: _____ Receipt: _____

DECLARATION:

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