

Parking Permit Application/Renewal for Johnstone's Carpark

What you need to do for your application



Complete the form

Make sure all sections are complete and you have supplied all supporting documents.

Fees Apply

A fee of **\$25.00** per week applies to be paid in two installments of **\$650.00**.

An invoice will be issued.

Office Use Only

RT 137

Receipt Number

Application Date

Collection of Information

Colac Otway Shire is committed to protecting your privacy. The personal information requested on this form is being collected by Colac Otway Shire for the purpose of issuing a permit and/or other related purpose. The personal information will also be disclosed to the Information Management and Customer Service departments for the purpose of record management, taking payment and issuing a permit. It will not be disclosed to any other external party without your consent, unless required or authorised by law. If the personal information is not collected, a permit will not be issued. If you wish to alter any of the personal information you have supplied to Colac Otway Shire, please contact Council via telephone on 5232 9400 or email inq@colacotway.vic.gov.au. Council's Privacy Policy is available from our website: colacotway.vic.gov.au/Council-the-shire/Council-policies and all Council Customer Service Centres.

Your Details

First name

Last name

Postal address

Best phone number to contact you on

Email

Authorisation

By signing this agreement, I hereby authorise/agree:

- I would like to apply for/renew a parking permit for Johnstone's Carpark.
- A fee of **\$25.00 per week** applies and I agree to pay by installments of **\$650.00 every six months** which will be invoiced to me by Colac Otway Shire Council.

Signature

Date

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Payment by credit card

What you need to do for your application



Complete the form

Make sure all sections are complete and you have supplied all supporting documents.



Submit payment

Please attach this to the FRONT of your application/documents

This form will be destroyed upon completion of the payment process

Office Use Only	
Application No	
<input type="text"/>	
Amount	Receipt Type
\$ <input type="text"/>	<input type="text"/>
Receipt No	Date
<input type="text"/>	<input type="text"/>
DO NOT SCAN - TO BE DESTROYED	

Your Details

First name	<input type="text"/>	Last name	<input type="text"/>
Company	<input type="text"/>		
Best phone number to contact you on	<input type="text"/>	Email	<input type="text"/>
Residential or postal address	<input type="text"/>		
Description of payment (i.e. Rates, Permit Application, Invoice)	<input type="text"/>		
Amount to be charged	\$ <input type="text"/>	Amount in words	<input type="text"/>

Credit Card Details

Name on card	<input type="text"/>		
Credit Card Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> VISA CARD <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX	
Expiry Date	CIV	Signature	
<input type="text"/>	<input type="text"/>	<input type="text"/>	