

# Application for a Works Zone Parking Permit

General Local Laws No. 1 - Part 4 - Section 4.8

## What you need to do for your application



### Complete the form

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



### Make a payment

Please supply your credit card details or include a cheque for payment of this application

### Fees Apply

A fee of **\$50.00 per bay, per week** applies.

### 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 applying for a Works Zone Parking Permit or and other related purpose. 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](mailto:inq@colacotway.vic.gov.au). Council's Privacy Policy is available from our website: [colacotway.vic.gov.au/Council-the-shire/Council-policies](http://colacotway.vic.gov.au/Council-the-shire/Council-policies) and all Council Customer Service Centres.

## Your Details

Applicant's Name

Company/Organisation

Contact Person

Postal Address

Best phone number to contact you on

Email

## Application Details

Start Date

End Date

Start Time

 AM/PM

End Time

 AM/PM

Number of Parking Bays required:

@ \$50.00 per bay, per week =

Location of Parking Bays to be used for Work Zone Parking

## Authorisation

Signature

Date

Return your completed forms by post: PO Box 283, Colac, 3250, email: [inq@colacotway.vic.gov.au](mailto:inq@colacotway.vic.gov.au) or call into one of our service centres.

Colac Shire Offices, 2-6 Rae St, Colac | GORVIC 100 Great Ocean Rd, Apollo Bay

# 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"/>
<b>DO NOT SCAN - TO BE DESTROYED</b>	

## 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	Amount in words		
\$ <input type="text"/>	<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"/>	