



Network Management
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Application number:

APPLICATION FOR DISABLED PARKING BAY

Please Note: A disabled parking bay can not be made for the exclusive use of one person

1 **Name and Address of Applicant:**

Postcode:

2 **Telephone Number and fax number of Applicant:**

3 **Proposed location where a disabled parking bay is required:**

Please provide a plan or sketch

4 **State reasons for requesting disabled parking bay:**

5

This application must be accompanied by proof that you are in receipt of the high level disability payment or supporting evidence from your GP

In many cases there is a legal process involved. If this is relevant it can take a minimum of 6 - 9 months for this to be completed.

Important

Unfortunately we cannot guarantee that your request will eventually be implemented.

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DECLARATION

I confirm that to my best knowledge and belief, the information given above is correct and accurate, and as such will be used by the City of York Council in conditioning any permission they issue.

Signature of Applicant:

Name (please print):

Date:
