



Network Management
West Offices, Station Rise
York YO1 6GA

Tel: 01904 551550

E-mail:

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APPLICATION FOR DISABLED PARKING BAY

A disabled parking bay will not be marked for the exclusive use of one person

1 Name and Address of Applicant:

Postcode:

2 Telephone Number/Email Address

3 Proposed location where a disabled parking bay is required:

Please provide a plan or sketch

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Reasons for requesting disabled parking bay:

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This application must be accompanied by:-

- 1. Proof that you are in receipt of the high level disability/mobility payment or supporting evidence from your GP**
- 2. A copy of your disabled permit (blue badge)**
- 3. Documentary proof of ownership/keeping of a Motor Vehicle at your address**

We cannot guarantee that your request will 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:
