

Permit Application

# Disabled Parking



PLEASE ALLOW AT LEAST 48 HOURS FOR PERMIT TO BE PROCESSED

**Applicant Details**

**New/Replacement Permit**

- Post
- Collect

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Contact Phone: Home: \_\_\_\_\_

Business: \_\_\_\_\_ Mobile: \_\_\_\_\_ DOB: \_\_\_\_\_

**Declaration:** I understand that the permit issued is for my use only and that I must be using the vehicle whenever it is parked with the permit displayed and also, that any abuse or misuse of my permit may result in it being revoked by Alice Springs Town Council.

Signature of applicant/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Doctor's Report:** (This section to be completed by a qualified medical practitioner)

1. Does the applicant suffer from a physical disability affecting mobility?      Yes/No
2. The applicant's physical disability is (please circle)    Permanent                      Temporary
3. Please state the nature and extent of the disability, necessitating the need for a parking permit?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Does the applicant require the use of mobility aids? Please specify equipment (please circle)

Wheelchair    Walking Frame              Other - specify \_\_\_\_\_              N/A

Name of Medical Practitioner: \_\_\_\_\_

Address: \_\_\_\_\_

Doctor's Signature & Stamp \_\_\_\_\_ Date \_\_\_\_\_

Alice Springs Town Council will comply with the Information Privacy Principles contained in the Northern Territory Information Act. These principles protect the privacy of personal information collected and held by the Council. The Council's Privacy Policy explains how personal information is collected, used and stored. It also details how you can access your personal information.

Cnr Todd Street and Gregory Terrace

PO Box 1071 Alice Springs NT 0871

Tel: (08) 89 500 500 • Fax: (08) 89 530 558

Email: [astc@astc.nt.gov.au](mailto:astc@astc.nt.gov.au) • Web: [www.alicesprings.nt.gov.au](http://www.alicesprings.nt.gov.au)

