# Logoweb

For Office use only: **Cost code:** **CE45 9167 8**

**Permit No:** **Receipt No**:

# Folkestone - Controlled Parking Zone \_\_\_\_\_\_\_

# Application for Resident’s Parking Permit

Before completion please read the booklet “Information for Residents”

# Section A – Details of applicant

 Surname Mr/Mrs/Miss/Ms ....................................................................................................

 First Name ...........................................................................................................................

 Address ...............................................................................................................................

 ........................................................................................Postcode .....................................

 Telephone: Home....................... Work ........................... Mobile ....................................

 **Proof as detailed in the booklet should be attached**

# Section B – Details of applicant’s vehicle

Vehicle registration number ..................................................................................................

Make ........................................ Model ................................ Colour ....................................

Is the vehicle kept and used by you? Yes □ No □

**Proof as detailed in the booklet should be attached**

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### Please indicate the reason for your application

1. New application □
2. Renew current permit □ Current permit number................................
3. Change of vehicle □ Current permit number................................
4. Replace lost permit □ Current permit number................................
5. Replace stolen permit □ Current permit number................................

**Administration Charges** - New applications and renewals £30.00

Change of vehicle and replacement £5.20

Please ensure you have completed the Declaration overleaf.

**Declaration**:

I confirm the details given are correct and agree to provide additional information if required to confirm residence or vehicle ownership.

Signed …………………………………. Date …………………………………..

Failure to provide the necessary information and documentation will result in your form being returned to you and delaying your application.

**Applications will not be processed until payment has been made.**

# Payment Options

**Cheque or Postal Order**

By cheque or postal order payable to Shepway District Council and sent with your application to the address below. Please write your vehicle registration number and address on the back of the cheque or postal order.

By credit/debit card at the Civic Centre.

Please note we cannot accept cash payments.

Completed application forms and relevant documents should be returned to:

Parking Services

Shepway District Council

Civic Centre

Castle Hill Avenue

FOLKESTONE

Kent CT20 2QY