

APPLICATION FOR A SUSPENDED BAY PARKING PERMIT

Applicant Details:

Name:

Company:

Address:

Post Code:

Contact Telephone Number:

Vehicle Details:

Vehicle 1 (Tariff Price £)*	Vehicle 1 (Tariff Price £)*	Skip (Tariff Price £)*
Reg. No	Reg. No	Hired From
Make	Make	

Location of Bay(s) for suspension: _____ **Start Date:** _____ **Finish Date:** _____

Total Cost for all the above £	*No. of Days x No. of Bays = _____
---------------------------------------	--

PAYMENTS ARE NON REFUNDABLE	THE ISSUE OF A PERMIT DOES NOT GUARANTEE A PARKING SPACE	PLEASE MAKE ALL CHEQUES PAYABLE TO: 'CALDERDALE MBC'
------------------------------------	---	---

STATEMENT

I hereby apply for a suspended bay(s) at the above location and promise to pay Calderdale MBC Parking Services any monies owed or requested. Misuse of the permit may lead to its withdrawal or the issue of a Penalty Charge Notice.

Signed:

Date:

FOR PARKING OFFICE USE ONLY

Issued by:

Checked:

Permit No:

Authorised by:

Method of Permit Delivery:

Method Of Payment:



Parking Services
Mulcture House
Mulcture Hall Road
HALIFAX HX1 1SP

Telephone: 01422 392171
Fax: 01422 392191