CITY OF SUBIACO

Second Visitor Parking Permit Request

Name of applicant:

Address:

Postcode:

Telephone:

Email address:

Please tick box indicating the situation/s that best describes you requirement for a second visitor parking permit: (Note these are not qualification criteria, the city simply wishes to understand the need for second permits to assist with future decisions regarding the management of permits.)	
☐	I have event restrictions on my street
☐	A carer, in-home help or a medical professional regularly attends my address to provide care or general household support
☐	Time restrictions in my area are in place after 6pm seven days a week
☐	I have multiple regular visitors at my address during the day when time restrictions are in place
☐	Other (please specify)

I agree to the terms and conditions of the residential and visitor parking permit scheme and acknowledge that:

- All information provided is true and correct.
- A second visitor parking permit will only be issued once payment of the non-refundable $31 prescribed fee is received.
- The permit is issued for the same period as the current permits issued to the address and the fee is not calculated on a prorata basis.
- If the permit applicant relocates, or no longer requires the permit, the permits must be returned to the city.
- Second visitor parking permits are subject to the same terms and conditions as the current permits issued to the address.
- Second visitor parking permits will not be re-issued annually until an application is made and payment of the prescribed fee is received.
- By using the permit you agree to the conditions that apply and shall only use the permits in accordance with the conditions on the parking permit application form.
- The issue of a permit is at the absolute discretion of the City and does not guarantee the availability of a parking space.

Signature:_____ **Date:** _____

Office use only
Parking permit number:
Authorised by:
Date: