Application for

DISPENSATION IN RESIDENTS' PARKING SCHEMES CITY ONLY

Nottingham City Council,
Processing & Enforcement Services,
PO Box 10169,
Nottingham NG1 9HS
Tel: **(0115) 915 6655 (option 4)**

- The person/company requiring the dispensation should complete this application form.
- Please indicate whether **NEW Application** ☐ or **Renewal** ☐
- There is a charge of £100 for each permit required.
- If your permit is lost or stolen there is a charge of £50 for its replacement.
- There is a charge of £25 to change the registration number of your vehicle.
- Only the original permit must be displayed in the windscreen of the vehicle.
- Permits must NOT be photocopied/reproduced or amended, otherwise a penalty charge notice will be served
- Any permits found to be misused will be revoked and no further permits will be issued to that person.

PART I: APPLICANT DETAILS

Full name of applicant .....

Company name: .....

Address: .....

.....

Postcode: ..... Telephone Number:.....

PART II: DISPENSATION DETAILS

a) Address of location where dispensation is required (a maximum of three areas can be given on one permit)

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b) Purpose of dispensation:
Care / Welfare / Social Worker / Landlord / Estate Agent / Property Manager / Contractor / Property Maintainer
Please note: You MUST enclose with your completed application, proof that you are providing a service/working in the area stated above. This can be either a letter from your employer or a trade invoice.

c) Period Required: from: ..... to: .....

NOTTINGHAMSHIRE POLICE
Policing for you

Nottingham City Council

PART III: VEHICLE DETAILS

Vehicle details (up to THREE vehicle details can be given per permit)
Application must be supplied with a copy of a valid motor insurance certificate
Please note this permit must not be used for convenience parking

Make ..... Model ..... Vehicle Reg. No. .....

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PART III: DECLARATION BY APPLICANT

a) I certify that the details contained in this application form are correct and I understand that a false statement may render me liable for prosecution.

b) I understand that if the dispensation is granted, it must be used **only** for the purpose specified on this application. If you are found to be abusing the purpose of the permit, you may face prosecution.

c) I understand that the dispensation (if granted) remains the property of Nottingham City Council and may be cancelled or re-possessed if it is not used for the purpose applied for:

d) I may be required to provide additional proof to Nottingham City Council, relating to the purpose of this dispensation.

e) I understand that any permit issued to me is conditional on my informing Nottingham City Council and surrendering the permit in case of:-

- Selling of the property
- Selling or changing of the vehicle
- The issue of a duplicate permit

I understand that the information supplied by me on this for will be maintained by the local authority and will not be disclosed to any other party save those who are responsible for the enforcement of parking restrictions, those responsible for discounts for congestion charging or otherwise as the law allows.

The completed and signed application form and payment should be sent to the address overleaf with all required documentation.

Signature ..... Date .....

WARNING - ANY PERSON KNOWINGLY MAKING A FALSE STATEMENT TO FRAUDULENTLY OBTAIN A PERMIT IS LIABLE TO A FINE NOT EXCEEDING £2,500 (SECTION 115/2 ROAD TRAFFIC REGULATION ACT 1984)
DATA PROTECTION ACT 1988

PAYMENT METHODS

CHEQUES/POSTAL ORDERS

Name of person signing the cheque (if provided and signed by someone other than the applicant)

Amount

Cheque/P.O. Number

Please make Cheques/ Postal Orders payable to **'NOTTINGHAM CITY COUNCIL'**

PLEASE NOTE: CASH IS NO LONGER ACCEPTED AS A FORM OF PAYMENT

CARD DETAILS

Only complete the details below if you are making payment by MASTERCARD, MAESTRO, SOLO, VISA, SWITCH OR DELTA card
Please debit my Visa / Mastercard / Switch / Delta / Maestro / Solo Card (Delete as appropriate)

Amount: Security Code: Card Expiry Date:

Card Issue Number: Card Number:

Name and address of card-holder, if different from applicant .....

..... Signed: