

Parking Permit Application Form

*Parking contrary to an indication on an official traffic sign regulating parking by time or payment of a fee -
Schedule 25 of Fraser Coast Regional Council Subordinate Local Law No.1 (Administration) 2019*

IMPORTANT INFORMATION

- Should a parking permit be issued, the permit will only be valid for:
 - the vehicle and the place specified in the permit; and
 - the dates and times specified in the permit.
- Refer to current Fees and Charges Schedule for relevant fees
- The permit must be publicly displayed within the vehicle while it is parked in the place for which the permit is valid.
- Where the approval holder is a business – Proof of standard Public Liability Insurance (PLI) with a minimum cover amount of \$10,000,000 is required. *

APPLICANT DETAILS			Office use only – Name ID:
Business (PLI required) *	<input type="checkbox"/> Yes <input type="checkbox"/> No	ABN	
Business Name			
Surname		Given Name/s	
Title		DOB	
Email			
Street Address			
Postal Address (or as above)			
Phone	M:	H:	W:

PROPOSED LOCATION WHERE THE PARKING PERMIT WILL APPLY

Does this application relate to the hire of Maryborough City Hall (Parking in Richard Ramsey Place)	<input type="checkbox"/> Yes (no fee) <input type="checkbox"/> No
Street Address, Suburb & Postcode	

REASON

Provide reason why a permit is required	
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REQUESTED PERMIT DURATION

Time	From: ____ : ____ am/pm	To: ____ : ____ am/pm					
Date (Max. 28 Days)	From:	To:					
Days	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>	Sunday <input type="checkbox"/>

VEHICLE DETAILS #1			
Make		Model	
Year		Registration Number	

VEHICLE DETAILS #2			
Make		Model	
Year		Registration Number	

Declaration			
<input type="checkbox"/>	I declare that I have answered all questions truthfully and that all the information I have provided is accurate. I acknowledge that it is an offence under Section 8(7) of the <i>Fraser Coast Regional Council Local Law No. 1 (Administration) 2011</i> to provide false or misleading information relating to an application.		
<input type="checkbox"/>	By ticking this box, I provide consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth department regarding any matters relevant to this application.		
Applicant Signature:		Date:	

Office Use Only			
Date Received:	CSO Initials:	Receipt No:	Amount Paid:
(a) # of Bays:	(b) Weeks (or part thereof):	Qty (a) x (b):	
Comments:			
<input type="checkbox"/> Declaration signed		<input type="checkbox"/> Applicants details verified – (Licence/Credit/Pension Card)	
<input type="checkbox"/> Proof of Public Liability Insurance to the amount of \$10,000,000 attached		Application Number:	