

# APPLICATION FOR A DISABLED PARKING BAY



**SURREY**

**Please remember that in order to be eligible for a bay:**

- You must have a current and valid **Blue Badge**
- You must **not have any available off street** parking e.g. drive or garage
- You must have a **vehicle registered** to, and kept at the, badge holder's address
- There must be **no parking restrictions** (double/single yellow lines etc) near where the bay is needed. If there are, please contact us before completing this form.
- Please make sure you fill in Parts 1, 2 and 3 (overleaf) of this form.

<b>PART 1 – Applicant's Details</b>		<b>REF:</b>	
Surname:		Title (Mr/Mrs etc):	
Forenames:		Address:	
Date of Birth:			
Telephone Number:			
Email:			
Blue Badge Number (enclose photocopy):			
Blue Badge Issuing Authority:			
Is the Blue Badge issued to you?      Yes <input type="checkbox"/> No <input type="checkbox"/>		Post code: _____	
If <b>NO</b> , who is it registered to and what is their relationship to you?			
Do you live in a Council or Housing Association home?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If <b>YES</b> , please name the organisation:			
How long has the Blue Badge holder lived at this address?			
This application is:                      For a new bay <input type="checkbox"/> <b>or</b> To refresh an existing bay <input type="checkbox"/>			
<b>PART 2 – Vehicle Details</b>			
Vehicle Make:		Vehicle Model:	
Vehicle Colour:		Vehicle Registration Number:	
Do you have facilities for off street parking, e.g. a drive or garage?      Yes <input type="checkbox"/> No <input type="checkbox"/>			
Where is the vehicle usually kept?			
Please describe (or sketch) the location where you think we should put the bay.			

Please state below why you feel a disabled bay should be provided (continue on a separate sheet if necessary).

**PART 3 – Applicant’s Declaration**  
 Your application will not be considered until you have agreed to and ticked **all** of the following statements:

I declare that all the information I have given in this application is correct.	<input type="checkbox"/>
I have enclosed copies of all required documents: <ul style="list-style-type: none"> <li>• Blue Badge (both sides, including number and photograph)</li> <li>• Vehicle Registration Certificate (V5C) OR proof of Motability vehicle</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>
I acknowledge that any Blue Badge holder can use the bay.	<input type="checkbox"/>
I agree to notify the Council immediately if any of my details stated in parts 1 and 2 of this application form change and accept that the bay will be removed if I no longer meet the required criteria.	<input type="checkbox"/>
I acknowledge that Surrey County Council’s discretion can be used to make final decisions regarding the provision of disabled parking bays.	<input type="checkbox"/>
I agree that the provision of the bay will be regularly reviewed and I agree to provide copies of documentation required by the council for this purpose.	<input type="checkbox"/>
I agree to the information being used as explained below: Surrey County Council in connection with the Disabled Persons Parking Bay Scheme will process the information provided. Your information may be disclosed to partners acting on the council’s behalf in the administration of the scheme and your address disclosed as part of the local consultation process.	<input type="checkbox"/>

**Please sign and date the form below agreeing to all the statements in Part 3 and also to the accuracy of the information supplied by you in Parts 1 and 2.**

<b>Signed:</b>	<b>Print Name:</b>	<b>Date:</b>

**Please return this application form, along with the copies of your Blue Badge and proof of vehicle ownership, to:**

Parking Strategy and Implementation Team  
 Hazel House  
 Merrow Lane  
 Guildford  
 Surrey  
 GU4 7BQ

If you have any questions about completing your application, please contact us.

 0300 200 1003 |  highways@surreycc.gov.uk | SMS: 07860 053465