

APPLICATION FOR DISABLED PERSONS' PARKING PLACE MARKING

Name of disabled person: Telephone Number:

Blue Badge Number: Valid Until (date):

Address at which marking is required:
.....
.....

Do you have regular use of and drive a car? YES / NO*

If you do not, does another member of the household, i.e. living permanently at the above address; own and drive a car on your behalf? YES / NO*

Do you have off-street parking, such as a garage, carport or driveway? YES / NO*

If off-street parking is available it is usually not possible to provide a disabled box marking. However, if there are exceptional circumstances, please enter relevant details below:

.....
.....
.....

Are there any parking restrictions outside the above address? YES / NO*

If I am provided with a parking space, I undertake to inform Shropshire County Council of any change of address or other circumstances in which I cease to be entitled.

I accept that neither the Police nor The County Council can take any enforcement action against any other person using the advisory disabled persons' parking space and **I undertake not to contact the Police or The County Council if other people use the space.**

Signature:..... Date:.....

* Delete as appropriate

Please return to the address below.

Group Manager - Traffic Strategy
Shropshire County Council
The Shirehall
Abbey Foregate
Shrewsbury
SY2 6ND