

APPLICATION FOR CONSIDERATION FOR A DISABLED PARKING BAY ROAD MARKING

This application form is the first stage of the application for a disabled parking bay road marking.

The information provided on this form will be used to assess whether a disabled parking bay road marking is appropriate at the location requested and, if so, whether it would be advisory or mandatory.

Following submission of this form, we will assess your application and write to you to inform you of the outcome. This process may take up to 28 days.

If the application is successful we will give you full details of the costs involved, and ask you to sign a further form to confirm that you wish to go ahead on the terms and conditions given.

If your application is unsuccessful we will give you the reasons why.

Please note that the provision of a disabled parking bay road marking does not guarantee the availability of that space for the applicant.

Name of disabled person: Telephone
(Mr/Mrs/Miss/Ms/Other)* Number:

Blue Badge Number: Valid Until
..... (date):

Address:
.....
..... Postcode.....

Does the disabled person have regular use (as either driver or passenger)
of a car kept at the above address? YES / NO*

If YES, please give the following information: Make/model
Registration Number:

Please explain the problems you have parking near your property. Include how often these problems occur and the times of day the problems are worst.

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.....
.....

Do you have off-street parking available? YES / NO*

If YES, please explain why this cannot be used by/for the disabled person:

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

Continued overleaf.....

Are you the property owner?

YES / NO*

If NO, please give the name and address of the owner

.....

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.....

*Delete as appropriate.

Declaration

I have read the Leicestershire County Council Guidance document 'Provision of Disabled Parking Bays in Residential Areas' and believe I am eligible for the provision of disabled bay road markings.

I accept that if this application is successful and I subsequently accept the Council's offer to implement a disabled parking bay road marking, that I will be liable for the costs as specified in the offer letter.

(Current charges are available on Leicestershire County Council's website or on request from the Customer Service Centre.)

I accept that the provision of disabled parking bay road markings is at the discretion of Leicestershire County Council and that their decision is final.

I certify that the information given on this form is accurate and true.

Data Protection Statement

The personal information you provide on this application form will be used by Leicestershire County Council for the purpose of determining an application for a disabled parking bay road marking. By signing this application you are consenting to Leicestershire County Council processing this information for the purpose stated.

Leicestershire County Council may also pass on key data to bodies responsible for auditing and administering public funds, for the purposes of preventing and detecting fraud.

Signature:.....

Date:.....

Please return this form to:

Leicestershire County Council,
Customer Service Centre,
County Hall,
Glenfield,
Leicester.
LE3 8RJ

DO NOT SEND ANY PAYMENT AT THIS TIME.