

## Application for Designated Disabled Parking Bay

### Part 2

#### Application by carer for Designated Disabled Parking Bay.

Name of applicant (the driver):	Name of disabled person:
Address:	Address:
Post Code:	Post Code:
Telephone number:	Telephone number:
Relationship of applicant:  Carer  Parent/guardian	Vehicle registration number:  Social services registration number:  Disabled driver's badge number:
Is the vehicle normally parked on the highway adjoining the above property - Yes/No  If No state location and address:	Do you have a vehicle access, drive and/or garage nearby - Yes/No  If Yes state location and address:
Average daily vehicle use: One to three times Four to seven times	Accompanying documents
Is the vehicle converted for the carriage of the disabled - Yes/No	

I hereby apply on behalf of a disabled person to have a designated disabled parking bay painted on the carriageway adjacent to their property.

I understand that this marked bay has no legal significance and the space is not solely for my use but will be available to any motorist displaying the appropriate badge.

I further understand that if any other person parks in the bay it will not in itself constitute an offence and that Havant Borough Council cannot become involved in any way should a dispute arise as to the use of the bay.

I also understand that I must notify the Council immediately if the disabled person/carer ceases to be a resident at the above address or ceases to be eligible for the blue badge.

Signed ..... Date .....

**This application will only be approved in exceptional circumstances.** Receipt of this application will be acknowledged and should your application not be accepted you would be notified in writing.

#### For Office Use Only

Date acknowledged:	Ref: S/SM/NH/50.01.08/1
Date approved:	Authorised Officer:
Date not approved:	Authorised Officer: