

RESIDENTIAL DISABLED PARKING SPACE APPLICATION FORM



This form should be completed with the details of the person(s) applying for the Disabled Parking Space. Please complete all sections and return the form and additional documents to the address given below. Please note, we can not consider a Disabled Parking Space without a fully completed application form. We will respond in writing once the application has been assessed

SECTION 1 – PERSONAL DETAILS

(Mr/Mrs/Ms/Miss) Surname First Name (s)

Address

Postcode Tel No

SECTION 2 – DISABLED BADGE DETAILS

Disabled badge No Expiry Date

	Yes	No
Do you rely on someone else to drive for you?	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive Mobility Allowance?	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive a Disability Living Allowance?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3 – PARKING

	Yes	No
Is there a garage, driveway or off street parking place at your home?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a day-time parking problem on the road outside your home?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a night-time parking problem on the road outside your home?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4 – DECLARATION

I declare that, to the best of my knowledge, all statements I have made on this form are correct.

Signature Date

Please return completed application to: **Parking Services Slough Borough Council**
Observatory House
25 Windsor Road
Slough
Berks
SL1 2EL