



Residents Parking Permit Application

Parking Office, Gloucester House, 72 Church Road,
Stockton-on-Tees, TS18 1TW

Please tick all the relevant boxes and fill in all the details we ask for. Please write clearly in BLOCK CAPITALS. Please refer to the guidance notes for details of evidence required and use of the permits.

A Is this an application for a new/renewal permit (select permit type)

- | | |
|--|--|
| <input type="checkbox"/> Residents (Fill in sections A to D) | <input type="checkbox"/> Visitor (Fill in sections A, B and D) |
| <input type="checkbox"/> Business (Fill in sections A to D) | <input type="checkbox"/> All Zone (Fill in sections A to D)) |
| <input type="checkbox"/> an application to replace a permit that has been lost, stolen, or destroyed?
(Fill in sections A to D and G) | |
| <input type="checkbox"/> a notice that you have changed your vehicle or registration plate
(Fill in sections A to E) | |
| <input type="checkbox"/> a notice that you have changed your address (Fill in sections A to D and F) | |
| <input type="checkbox"/> a notice that you have changed your name (Fill in sections A to D and F) | |

All applicants must sign the declaration at the end of the form for a permit to be issued.

B Your details Title (Mr, Mrs, Miss, Ms) _____

Surname: _____ First Names: _____

National Insurance Number: _____

Address: _____

Postcode: _____ Phone Number: _____

Office use only

C Proof that you own or use a vehicle (not required for visitor permits)

Vehicle registration: _____ Colour of vehicle: _____

Make and model: _____

Whose name is on the vehicle registration document?

Yours (we need one of the following as proof)

- | | |
|---|--------------------------|
| <input type="checkbox"/> I enclose the original vehicle registration document (DVLA V5) | <input type="checkbox"/> |
| <input type="checkbox"/> New keeper supplement and insurance | <input type="checkbox"/> |
| <input type="checkbox"/> Sales invoice and insurance | <input type="checkbox"/> |

Your Employer (we need the following proof)

- | | |
|--|--------------------------|
| <input type="checkbox"/> I enclose the original vehicle registration documents or lease agreement
and | <input type="checkbox"/> |
| <input type="checkbox"/> I enclose a letter from my employer (see guidance notes) | <input type="checkbox"/> |

Lease or Hire Company (we need the following proof)

- | | |
|--|--------------------------|
| <input type="checkbox"/> I enclose original agreement (see guidance notes) | <input type="checkbox"/> |
|--|--------------------------|

Business Permit Only (we need the following proof)

- | | |
|--|--------------------------|
| <input type="checkbox"/> I enclose Vehicle Registration Document (DVLA V5) | <input type="checkbox"/> |
| <input type="checkbox"/> A letter from the company Secretary/Director stating that the vehicle on the V5 is used in conjunction with the conditions in the guidance notes. | <input type="checkbox"/> |

All Zone Permit Only (we need the following proof)

- | | |
|--|--------------------------|
| <input type="checkbox"/> Vehicle Registration Document (DVLA V5) | <input type="checkbox"/> |
| <input type="checkbox"/> A letter from the company Secretary/Director on headed paper stating that the vehicle on the V5 is used in conjunction with the conditions in the guidance notes. | <input type="checkbox"/> |

D Proof of your address

You must provide two items to prove where you live. We do not accept company letters.

- Council Tax Bill
- Current driving licence
- Current council or housing trust rents statement
- Flat or house contents insurance
- Current bank or building society statement
- Utility Bill

Office use only

E Change of vehicle

Old vehicle registration: _____

I have changed my vehicle and enclose the following proof:

- Current permit from my old vehicle
- Vehicle registration document (DVLA V5) for the new vehicle **or**
- New keeper supplement and insurance **or**
- Sales invoice and insurance

F Change of address or name

- I have enclosed proof of where I live from the list in Section D

Old address or name _____

G Lost, stolen or destroyed permits

Was your permit lost? stolen? destroyed?

Crime reference number: _____

Date reported to Police: _____

Police Station you reported it to: _____

If your permit has been lost or destroyed then there is an administration fee of £10.00, if it has been stolen and a crime number supplied then the fee is waived.

Zone: _____

Permit No: _____

Date issued: _____

Payment: £ _____

Receipt No: _____

Expiry Date: _____

Declaration (the person named in section B must sign this) please read each section below and sign to say that you have read and understood them fully.

- I confirm that the address shown in section B in the form is my home/business address
- I confirm that I am the main user and keeper of the vehicle specified in section C of this form, and I will not allow non-residents to use my permit to park in the borough. If I stop living in the Residents parking zone or stop keeping and using the vehicle, I will return my permit immediately. If not, I will be committing an offence.
- I confirm that the vehicle with the registration given in section C of this form is not designed for more than 8 people and does not exceed 30 cwt.
- I confirm that if the permit is for use on a company vehicle I will return the permit if I either stop living in the Residents parking zone or I am no longer employed by the company. I understand that the permit remains the property of Stockton-on-Tees Borough Council.
- I understand and accept that you may ask to visit my home or carry out further investigations, including contacting any relevant people, before or after issuing a permit to make sure I have given the correct address. If I refuse, I understand it is likely that you will not give me a permit or will withdraw my permit.
- I understand that you will use the personal information I have given in line with the Data Protection Act 1998. You will use the information I have given to issue a resident parking permit. I accept that you will pass this information to other Council departments and the DVLA, for this and related purposes.
- I understand that you have to protect the public funds you handle, so you may use the information I have provided in this form to prevent and detect fraud. You may use this information with other bodies who handle public funds for these purposes only.
- I understand that if I abuse the Residents' Parking scheme my permit will be withdrawn and I may not be able to get a further permit.

Your signature: _____ Date: _____