



Residents Parking Permit

Application for a Parking Permit by a Nominated Carer

RESIDENT'S DETAILS

Title:

First Name(s)

Surname:

Address:

Post Code:

CARER'S DETAILS

Title:

First Name(s)

Surname:

Address:

Post Code:

Home Tel No.

Make

Model

Colour

Reg No.

Is this a new permit? Yes No

I certify that I am the nominated carer for the above-named resident and that the information I have given is true. I am purchasing a Residents Parking Permit solely for the purpose of undertaking my role as carer and in accordance with the relevant conditions as set out by Newport City Council. I understand that should my role as carer cease, I am required to return the permit to the council.

Carers Signature

Date Signed / /

OFFICIAL USE ONLY

Permit Serial Number Permit Verification Number

Payment Method (Cash / *Cheque / PO / PDQ) *Cheque No

Receipt Number Amount Paid £ .

I confirm that the details printed on the parking permit are accurate.

Carers Signature

Date Signed / /