

**WICKLOW COUNTY COUNCIL
COMHAIRLE CHONTAE CHILL MHANTÁIN
MUNICIPAL DISTRICT OF GREYSTONES
CEANTAR BARDASACH NA gCLOCHA LIATHA**



**Please forward Applications
& queries to the following
address only:**

Parking Section,
Bray Municipal District,
Civic Centre,
Main Street,
Bray, Co. Wicklow.
Tel: 01-2744900

**APPLICATION FOR SUSPENSION OF A PARKING BAY
(Form SPB1-002)**

PLEASE ANSWER ALL QUESTIONS AND SEE CONDITIONS ON PAGE 2 OF THIS FORM

Surname/Company Name (Block Capitals): _____

First Name/s (Block Capitals): _____

Telephone (Home): _____ (Work): _____

Address at which Permit is held (Block Capitals): _____

Purpose of bay suspension: _____ Time Period Required: _____

Date suspension required from: _____ Place of suspension: _____

I DECLARE THAT THE PARTICULARS IN THIS APPLICATION ARE TRUE.

Applicant's Signature: _____ Date: _____

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