**WICKLOW COUNTY COUNCIL**

***COMHAIRLE CHONTAE CHILL MHANTÁIN***

MUNICIPAL DISTRICT OF BRAY

CEANTAR BARDASACH BHRÉ

# *WICKLOW TRAFFIC & PARKING BYE-LAWS 2017*

## *APPLICATION FOR SPECIAL PARKING PERMIT – MEDICAL PROFESSIONALS*

**1. Name of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Address of Practice:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Vehicle Registration No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Make of Vehicle:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I hereby declare that I am a Medical Professional applying for a Special Parking Permit and that this vehicle is not a commercial vehicle.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**---------------------------------------------------------------------------------------------------------**

***Applications must be accompanied by:-***

* A recent letter from the Practice stating that the Permit is for professional use only.
* Fee of €500

**The fee for Replacement Permit/Alterations/Change of Vehicle is €15.00.**

**The disc will be valid for 1 year from the date of issue.**

**Cheques/Postal Orders etc., should be made payable to Wicklow County Council.**

**Please DO NOT forward cash by post.**

**PTO**

**CARD PAYMENT OPTIONS**

Please debit my Card with the amount indicated

**Master Card Visa Credit Visa Debit**

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**Card A/c No.**

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**Cardholder Expiry**

**Signature Date**

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**Phone Number**

***OFFICE USE ONLY***

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| ***SP PERMIT NO.*** | ***DATE OF ISSUE*** | ***RECEIPT NO.*** | ***STREET/S APPLICABLE*** | ***€500 NEW/***  ***RENEWAL***  ***--------------------------------***  ***€15 REPLACEMENT*** |
|  |  |  |  |  |