



## **WICKLOW TRAFFIC & PARKING BYE-LAWS 2017**

APPLICATION FOR SPECIAL PARKING PERMIT – MEDICAL PROFESSIONALS					
1 Name of Applicants					
1. Name of Applicant:					
2. Address of Practice:					
3. Vehicle Registration No:					
4. Make of Vehicle:					
I hereby declare that I am a Medica that this vehicle is not a commercia	Professional applying for a Special Parking Permit and 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. <u>Please DO NOT forward cash by post</u>.

## CARD PAYMENT OPTIONS

Please debit my Card with the amount indicated

Master Card	Visa Credit	Visa Debit
Card A/c No.		
Cardholder Signature		Expiry Date
Phone Number		

## OFFICE USE ONLY

SP PERMIT NO.	DATE OF ISSUE	RECEIPT NO.	STREET/S	€500 NEW/
			APPLICABLE	RENEWAL
				<b>€15 REPLACEMENT</b>