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:

<u>APPLICATION FOR SUSPENSION OF A PARKING BAY</u> (Form SPB1-002)

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

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 APP | PLICATION ARE TRUE. | | | | |
| Applicant's Signature: | Date: | | | | |

IMPORTANT ITEMS TO NOTE:

- 1. Applications for suspension of parking bays within the Pay & Display zone should generally be made at least 10 days before required.
- 2. The fee for suspending a parking bay will be €15 / €20 (depending on Parking Zone) per bay per day.
- 3. The fee will be payable prior to approval of parking bay suspension.
- 4. Should an extension be required to the time period or number of bays required please contact Bray Municipal District at (01) 2744900 to arrange approval and payments.
- 5. The onus for marking off suspended bays will be with the requestor of same. They must supply their own cones and tape for this purpose.
- 6. While every effort will be made to accommodate requests for parking bay suspensions, we cannot guarantee approval of all applications for same.

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 Onl | y: | | |
|----------------|----------|----|----------|
| Documents s | upplied: | | |
| Payment deta | ails: | | SPB1-002 |
| Approval : | Yes | No | |