

**WICKLOW COUNTY COUNCIL**

**COMHAIRLE CHONTAE CHILL MHANTÁIN**

**MUNICIPAL DISTRICT OF WICKLOW**

**CEANTAR BARDASACH CHILL MHANTÁIN**

## APPLICATION FOR VISITOR PERMIT BOOKS FOR WICKLOW MUNICIPAL DISTRICT

**Visitor Permits will only be issued to current residential permit holders**

**€10 per permit**

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

**2. Address at which Residents Permit is held:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**3. Contact** **Phone No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Existing Valid Residential Permit Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Number of Visitor Permits requested:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I hereby declare that the particulars given in this application form are correct and true.**

**.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Conditions:-**

* Visitor permit is valid for 7 consecutive days from date of commencement in a parking place in the residential zone/location to which it relates
* 2 permits per calendar year may be issued to current holders of valid residential permits.
* Permits are only valid for legal parking in Pay & Display Zones/Bays

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**Please forward applications & queries to:-**

**By Post:** Parking Section, Bray Municipal District, Civic Offices, Main Street, Bray, Co.Wicklow, A98 A9X9

**-or-**

**By Email**: braymd@wicklowcoco.ie

**Tel:** 01 2744900

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

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

**CARD PAYMENT OPTIONS**

Please debit my Card with the amount indicated

**Master Card Visa Credit Visa Debit**

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**Card No.**

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**Cardholder Expiry**

**Signature Date**

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**Phone Number**

***OFFICE USE ONLY***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***RP PERMIT NO.*** | ***DATE OF ISSUE*** | ***RECEIPT NO.*** | ***STREET/S APPLICABLE*** | ***DOCUMENTS CHECKED*** | ***FEE PAID €*** |
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