

**WICKLOW COUNTY COUNCIL**

**COMHAIRLE CHONTAE CHILL MHANTÁIN**

MUNICIPAL DISTRICT OF WICKLOW

CEANTAR BARDASACH CHILL MHANTÁIN

## APPLICATION FOR ANNUAL PARKING PERMIT FOR WICKLOW MUNICIPAL DISTRICT

***Limited Number Available***

**Annual Permits are for use in Car Parks only**

APPLICATION FOR: **(a)** 1 YEAR ANNUAL PERMIT - €500

 -Or-

**(b)** 6 MONTH ANNUAL PERMIT - €275

-Or-

**(c)** 3 MONTH ANNUAL PERMIT - €150

-Or-

**(d)** REPLACEMENT PERMIT - €10

 *(Lost permit/change of vehicle etc.)*

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

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

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

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

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

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

**5. Make & Model of Vehicle:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**Applications must be accompanied by:-**

* Vehicle Registration Certificate.
* Appropriate fee.

*Page 1 of 2*

* Current parking permit if applying for replacement permit for change of vehicle/alterations etc.
* Any other information requested by Wicklow County Council.

**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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Card No.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

**Cardholder Expiry**

**Signature Date**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |

**Phone Number**

**PLEASE NOTE**

* Making an application does not entitle you to park without payment. You must pay for parking until you receive your parking permit.
* Possession of an annual parking permit does not guarantee the holder a parking space at all times.
* The renewal of a permit is the responsibility of the permit holder.

***OFFICE USE ONLY***

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

*Page 2 of 2*