

Application for Residents Parking Permit

Name: _____ Tel: _____

Address: _____

Vehicle Make/Model: _____ Registration No.: _____

Is the above address your normal place of residence? Yes No

How long, approximately, have you resided at this address? _____ Year (s)

If you are no longer the owner of this property, please state the following

Name and Address of Owner: _____

Have you off street car parking at this location? _____

Please indicate preferred location for parking permit: _____

Is your vehicle currently licensed (taxed)? Yes No

Please state the License No. of Disc _____

Condition 1: *Application for renewal of a permit is the responsibility of the permit holder.*

I, the undersigned hereby apply for a Residents Parking Permit. I agree to abide by the above condition.

Applicant's Signature: _____ Date: _____

The fee for a Resident's permit is €12.00

For Office Use Only

Fee Paid	
Receipt No.	
Permit Issued	Yes/No
Disc No.	

Notes:

- Please forward to this office current documentary evidence of residence to support your application, e.g. Utility Bill (i.e. E.S.B./ Telephone bill).
- Current Insurance Certificate. The Certificate of Insurance should verify that the vehicle is kept at the above address.
- Vehicle Licensing Certificate or Registration Book.
- Any other requested by Cashel Town Council.
- You are obliged to re-submit your disc to Cashel Town Council on disposing of the vehicle (in respect of which the permit was issued) or in order to obtain a replacement permit if the vehicle has been changed.
- Please return the existing expired permit upon application for renewal of same.