Regeneration, Environment & Growth

**Roads and Transportation**

## Disabled Parking Bay Application

Please complete in **BLOCK CAPITALS.**

**Title** Mr [] Mrs [] Miss [] Ms [] (Tick as appropriate)

**Name ………………………………………………………..................**

**Residing Address ……………………………………………………….................**

**………………………………………………………..................**

**Postcode ………………. Telephone No. ………………..........**

**Email address …………………………………………………………………..**

Before submitting this application you **MUST** be in possession of a current Disabled Persons Badge. If you wish to apply for a Disabled Persons Badge please contact **The Social Work** Department on one of the following No’s. For the Alexandria & Dumbarton Area Tel (01389) **737020** **or for the Clydebank Area** Tel **(0141) 562 8800.**

Please delete as appropriate.

1. Please confirm that you are the holder of a current Blue Badge **YES / NO**

2. What is your Blue Badge Serial Number? \_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Does the registered keeper of a vehicle reside at your address? **YES / NO**

If yes, what is his/her name?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please enclose a copy of:**

Vehicle registration document **or** vehicle insurance document  **and**

**ennie Wills**

Technical Assistant

Roads and Transportation

West Dunbartonshire Council

Tel: 01389 737 835

[Jennie.Wills@west-dunbarton.gov.uk](mailto:Jennie.Wills@west-dunbarton.gov.uk)

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Driving licence of registered keeper

**PLEASE MAKE SURE THIS DOCUMENT CLEARLY STATES YOUR CURRENT ADDRESS. WE WILL NOT PROGRESS YOUR APPLICATION UNLESS THIS INFORMATION IS PROVIDED.**

4. Do you have a Driveway or Suitable Designated Parking Space ? **YES / NO**

5. Do you have a Garage or Lock-up remote from your home? **YES / NO**

6. If the answer to question **5** is **YES** then please give details (approx. distance, etc..)

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7. In order to keep in line with the current parking trend in your street please sketch below where you or your driver currently park. (Distance from lighting columns. Etc..)

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| --- |
|  |

8. Please give any additional information you feel may be necessary to support the above sketch. **If you do not provide information regarding your preferred location we will locate a bay at the nearest appropriate location. Please note that due to the road layout/parking trend it may not be always be suitable for the bay to be marked at your preferred location.**

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**I certify that the above information is correct.**

# Signed ……………………………………………………… Date …………………………

When completed please return this questionnaire to the following email addresses:-

[**jennie.wills@west-dunbarton.gov.uk**](mailto:jennie.wills@west-dunbarton.gov.uk)

[**anne.tolland@west-dunbarton.gov.uk**](mailto:anne.tolland@west-dunbarton.gov.uk)