

# Organisational Disabled Parking Permit Application

MITCHELL SHIRE COUNCIL



A separate application for each permit is required

NEW

RENEWAL - *Permit number*

*Vehicle rego number (if applicable)*

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## SECTION 1: ORGANISATION DETAILS

Organisation Name

### PERSON RESPONSIBLE FOR THE PERMIT

Title

First name(s)

Surname

Email

Phone

### For what purpose is the permit to be used?

### Types of disability experienced by the passengers regularly transported by your organisation?

### POSTAL ADDRESS

Unit/Number

Street

Suburb

Postcode

### Types of appliances used for support to aid the passengers' mobility?

### How many permits do you require?

If your organisation requires more than one permit, please supply written justification, together with individual permit applications.

Go to Section 2

## **SECTION 2: STATEMENT OF ACCEPTANCE**

I declare that the information I have provided is true and correct. I have read and understood and agree to Mitchell Shire Council's permit 'Conditions of Issue and Use' and wish to apply for the selected permit to use in accordance with these terms. I will ensure that the permit is not sold, transferred or assigned to another party and will be solely used for purposes as stated. I agree to return the permit if my eligibility changes. I acknowledge information found to be false in support of this application will result in my permit being cancelled.

Applicant Name

Signature

Date

*Mitchell Shire Council is committed to protecting your privacy as prescribed by the Privacy & Data Protection Act 2014 and the Health Records Act 2001. The information you provide on this form is being collected by Mitchell Shire Council for the strict purpose of conducting Council business. Your information will not be disclosed to any external party without your consent, unless Council is required or authorised to do so by law. Failure to provide the information requested may make you ineligible to receive the service or be part of an event/function that is the subject of this form. Any access to the information, amendments that may be required or any privacy enquiries may be directed to Council via email - [mitchell@mitchellshire.vic.gov.au](mailto:mitchell@mitchellshire.vic.gov.au)*

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For further information contact Mitchell Shire Council on 5734 6200

Please complete application form and return with supporting documents via one of the methods below.

### **EMAIL**

Please email the completed application form with any required supporting documents to:  
[mitchell@mitchellshire.vic.gov.au](mailto:mitchell@mitchellshire.vic.gov.au)

### **MAIL**

Mitchell Shire Council  
113 High Street  
BROADFORD VIC 3658

### **IN PERSON**

Broadford Library & Customer Service Centre  
113 High Street  
BROADFORD VIC 3658

Kilmore Library & Customer Service Centre  
12 Sydney Street  
KILMORE VIC 3764

Seymour Library & Customer Service Centre  
125 Anzac Avenue  
SEYMOUR VIC 3660

Wallan Library & Customer Service Centre  
12/81 High Street  
WALLAN VIC 3756