

# Disability Service - Disabled Parking Application & Renewal form

Date: \_\_\_\_\_

Student/ Staff No: \_\_\_\_\_

Full Name and Surname: \_\_\_\_\_

Faculty / Department: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Next of Kin: Name: \_\_\_\_\_

Tel: (Home) \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Vehicle Registration: \_\_\_\_\_

Make: \_\_\_\_\_

Colour: \_\_\_\_\_

Do you require permanent  or temporary parking? (for how long

Do you require parking on more than one campus? Yes  No  If yes, state which? \_\_\_\_\_

Which buildings do you use most? \_\_\_\_\_

Medical reason for applying for disabled parking: \_\_\_\_\_

Do you use a wheelchair, crutches, etc? \_\_\_\_\_

I hereby confirm that I am the driver of the above-mentioned car. I declare that the above information is true and correct.

Signature \_\_\_\_\_

## FOR OFFICE USE ONLY:

Remarks: \_\_\_\_\_