



# Resident Parking Permit

Under the *Road Transport (General) Regulation 2013*.

Fees are valid until 30 June 2022.

Use this form to apply for an annual or replacement Resident Parking Permit.

## OFFICE USE ONLY

Parking No:

Receipt No:

Area:

## Type of permit

- 1<sup>st</sup> Permit holder for the household - \$65.50       1<sup>st</sup> Permit holder with a Pensioner concession card - \$29.00
- 2<sup>nd</sup> Permit holder for the household - \$180.00       2<sup>nd</sup> Permit holder with a Pensioner concession card - \$74.50
- Replacement Permit fee - \$28.00

## Applicant *(Note: all correspondence will be directed to the applicant)*

Title:

Full name:

Address:

Phone:

Email address:

If you submit your form by email or post, assessment of your application can take up to ten business days once all required information has been provided. You will be contacted by a Council officer for payment once your application has been approved.

## Number of parking spaces at property

How many parking spaces are there at your property? (garage/carport):

How many vehicles are there at your property?

Your eligibility is reduced by each off-street parking space at your property. If you have an off-street parking space and two vehicles are registered to your address, then you may qualify for one permit. **Copies of both vehicle registrations must be provided, and one vehicle nominated for the permit.**

## Vehicle details

- Private vehicles:**  
All applications must include copies of current **Vehicle Registration Papers** confirming the address of the resident parking permit you are applying for.

- Company vehicles:**  
For a company car, a copy of the car registration details **AND** a letter from the company (on company letterhead) authorising use.

Registration:       Make:       Model:       Year:

If there is an off-street parking space, please provide the registration details for the vehicle utilising the car space:

Registration:       Make:       Model:       Year:

Registration details that do not have a matching residential address will **NOT** be accepted.

## Documentation and proof of residence

Please provide at least **ONE** document from **EACH** of the three sections below. All documents must be in the name and the address of the resident. Only proof of residence from this list will be accepted.

### 1. Current NSW Vehicle Registration Papers:

- NSW Vehicle Registration Papers: Must provide additional registration papers if there is off-street parking at the property.

### 2. Current Lease or Rates notice:

- Leased: Residential Lease with a minimum lease period of six months.  
 Owner/Occupied Property: (I give authority to check my rates notice).

### 3. One proof of address document from list below:

- Driver's Licence                       Telephone Account                       Home & Contents Insurance  
 Bank Statement                       Electricity / Gas Account

## Declaration and signature

I,  declare that:

- The information I have provided on this application is true and correct in every detail.  
 I have read and understood Woollahra Council's neighbourhood parking policy and the permit(s) terms and conditions and agree to comply with them.  
 I have provided acceptable verification of address, vehicle registration and pensioner card details (where applicable).  
 I understand I am responsible for the renewal of my parking permit.

**Applicant's signature**

**Date**

## Privacy

For more information about Privacy & Personal Information Policy: [www.woollahra.nsw.gov.au/privacy](http://www.woollahra.nsw.gov.au/privacy)

For more information about this permit, eligibility and our Parking Policy. [www.woollahra.nsw.gov.au/parking-permits-conditions](http://www.woollahra.nsw.gov.au/parking-permits-conditions)

## Lodgement details

**Mail to:** Woollahra Municipal Council  
PO Box 61 Double Bay 1360

**In person:** Council Chambers  
536 New South Head Road  
Double Bay NSW 2028

**Email:** [records@woollahra.nsw.gov.au](mailto:records@woollahra.nsw.gov.au)

**Telephone:** (02) 9391 7000

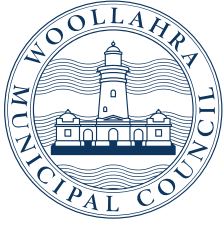
**Website:** [www.woollahra.nsw.gov.au](http://www.woollahra.nsw.gov.au)

### Payment methods:

Payment can be made at our Customer Service Department by the following methods: cash, EFTPOS, Money Order cheque (make cheques payable to Woollahra Council), or credit card – American Express, MasterCard or Visa.

Credit card payments will incur a processing fee.

OFFICE USE ONLY		Resident Parking Permit (T47)	
<b>CSO Name:</b>	<input type="text"/>	<b>Permit fee: \$</b>	<input type="text"/>
<input type="checkbox"/> Street Listing Check	<input type="checkbox"/> Rates / Lease	<input type="checkbox"/> Application Form and Payment Check	
<input type="checkbox"/> Rego 1 / Rego 2 / Company Letter	<input type="checkbox"/> Authority Check / Update	<input type="checkbox"/> DL / Bill / Bank / H&C	
<b>Additional information:</b> <input type="text"/>			



# Payment Form

## Payment methods

Payment in person at Council's Customer Service Centre can be made in cash, EFTPOS, cheque or money order or credit card (American Express, MasterCard and Visa).

## Payment details

All credit card payments will incur a processing fee of 0.55%.

Separate cheques are required for integrated development fees to the relevant body. Cheques and money orders are payable to **Woollahra Council**.

Payments should be sent to Woollahra Council at: 536 New South Head Road DOUBLE BAY NSW 2028;  
PO Box 61 DOUBLE BAY NSW 1360

## Privacy notice

The personal information in this form is required under the Environmental Planning and Assessment Act 1979 and will only be used for processing of payments. If you do not provide the information, Council will not be able to process your payment and application. Payment information is restricted to Council officers. Council is to be regarded as the agency that holds the information. You may request amendment of any personal information held by Council that is incorrect.

## Payment particulars

Payment for:

Council reference:

Application address:

## Credit card details

Card type:

Visa

MasterCard

American Express

Card number:

Cardholder name:

Expiry date:

Total amount paid \$:

CVV:

Cardholder signature:

Contact number

## OFFICE USE ONLY

Cashier's name:

Cashier's signature:

Payment processed: Yes

No

Date: