



APPLICATION FOR PARKING FACILITY FOR DISABLED PERSON

Name..... Date of Birth.....

Address.....

Post Code..... Tel No

Email Address.....

Are you interested in either :

- | | Yes | No |
|---|--------------------------|--------------------------|
| a) Blue Badge holders space on street ? | <input type="checkbox"/> | <input type="checkbox"/> |
| OR | | |
| b) "Keep Clear" markings at existing driveway ? | <input type="checkbox"/> | <input type="checkbox"/> |

Please provide the following information :

Give brief details of disability

- | | Yes | No |
|---|--------------------------|--------------------------|
| a) Is the disabled person in possession of a Blue Badge ? | <input type="checkbox"/> | <input type="checkbox"/> |

If Yes, Please provide the reference Number.....

- | | Yes | No |
|--|--------------------------|--------------------------|
| b) Is the disabled person permanently resident at the above address? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Is the car normally kept at the above address ? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Is the keeper of the vehicle permanently resident at the above address? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Do you have an existing driveway or garage ? | <input type="checkbox"/> | <input type="checkbox"/> |

e) Vehicle make and registration number

I certify that the above information is correct.

Signature.....

Date.....

(Please use back of form for any additional relevant information)

Contact

Email: roads@aberdeenshire.gov.uk

Infrastructure Services Offices

Banff & Buchan/Buchan	Formartine/Garioch	Kincardine & Mearns/Marr
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