



COLCHESTER BOROUGH COUNCIL

**APPLICATION FOR PARENT PARKING PERMIT
WELLESLEY ROAD**

MR/MRS/MISS/MS/OTHER _____

SURNAME _____ FORENAME(S) _____

ADDRESS _____

POST CODE _____ DAYTIME TELEPHONE NO _____

Childs Name – SURNAME _____ FORENAME _____

Permit required from 1st day of AUTUMN / SPRING / SUMMER term (mark term applicable)

Number of supplementary permits _____

I enclose payment of £30.00 - cheques should be made payable to COLCHESTER BOROUGH COUNCIL.

Please send completed application form and payment to North Essex Parking Partnership, PO Box 5575, Colchester, CO1 9LT.

Permits are valid in **Zone S only** from 0815 hours – 0915 hours, 1200 - 1230 hours and 1430 – 1545 hours, Monday to Friday, during term time only.

I understand the conditions of parking and will ensure that everyone who uses the permit on my behalf is aware of them also.

Colchester Borough Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information, see www.colchester.gov.uk

Signed _____ Date _____

Office use only

Date Issued	Permit Valid		Permit Number	Amount Paid	Receipt Number	Date of Receipt
	From	To				

April 2013