

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: _____