



APPLICATION FOR RESIDENTS CARERS PARKING PERMIT

DOCTORS STATEMENT

Woking Borough Council
Civic Offices
Gloucester Square
Woking, Surrey.
GU21 6YL
Telephone: 01483 743825
Email : permits@woking.gov.uk
Website: www.woking.gov.uk

Please Note:

- a) **Parking Permits for Residents Carers are available to those residents requiring regular visits by 'Carers' in order to maintain an independent lifestyle and remain resident at home.**
- b) **They are not available to residents -**
 - **who live in a road that is not part of a Controlled Parking Zone and where CPZ parking restrictions do not apply**
 - **who are car owners**
 - **who have sufficient parking available in a drive way or other space off-street**
 - **who live in the town centres of Woking or West Byfleet**

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To Dr (*applicant to insert GP's name*): _____

The following person is applying for a residents carers on-street parking permit:

Resident particulars (*to be completed by the applicant*):

Title: _____ First Name: _____ Surname: _____

Home Address (in full): _____

Post Code: _____ Contact Telephone No: _____

How many visits per week do you receive from Carers? (approx) _____

Are your Carers from (*tick as appropriate*):

Social Services Family Friends Other _____

Signed: _____ Date: _____

<p align="center">DOCTORS STATEMENT</p> <p>Please verify by your signature and Official Surgery Stamp that to the best of your knowledge this applicant meets the criterion given at a) above.</p> <p>Signature: _____ Date: _____</p> <p>Name: _____</p> <p>Surgery address: _____ _____</p>	<p align="center">OFFICIAL SURGERY STAMP</p>
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