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**Longford County Council**

**Traffic Section**

**Market Square**

**Longford**

**043-3331563**

**CARER’S PARKING PERMIT FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. **\_\_\_\_\_\_\_\_\_\_**  Mobile No**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Designated Street/Car Park: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Make/Model:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNED :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATUTORY DECLARATION BY APPLICANT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that the particulars given in this application form are correct and true in every detail to the best of my knowledge and I make this solemn declaration conscientiously believing the same to be true by virtue of the Statutory Declarations Act, 1938.

**When submitting the application form, please ensure that you have submitted the relevant documentation as detailed below;**

* Proof of being appointed carer for client at above address. (Carer’s card/Letter from H.S.E)

**Please forward Application Form to Longford County Council, Traffic Section, Market Square, Longford.**

Fee is €30.00 p.a. or €15.00 for 6 months.Carer’s Parking Permits are non-refundable and in the event of loss/damaged or replacement of permit please note that re-issue of this permit incurs an administration fee of €5.00