****

**Longford County Council**

**Traffic Section**

**Market Square**

**Longford**

**043-3331563**

# OVER 65’S RESIDENTS PARKING PERMIT FORM

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

Home 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;**

* **Vehicle Licensing Certificate and letter from Landlord(if rented/leased accommodation) plus Landlords P.R.T.B. Number**
* **Proof of age i.e. Driver’s License, Passport or Birth Cert**

**Residents parking permits are issued free of charge.**

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