

**Longford County Council  
Traffic Section  
Market Square  
Longford  
043-3331563**

**RESIDENT'S PERMIT APPLICATION FORM**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**VEHICLE REGISTRATION NO:** \_\_\_\_\_ **MAKE/MODEL:** \_\_\_\_\_

**COLOUR:** \_\_\_\_\_

**PLEASE SUBMIT:**

- **TAX BOOK/VEHICLE LICENSING CERTIFICATE AND LETTER FROM LANDLORD (IF IN RENTED /LEASE ACCOMMODATION) WITH APPLICATION FORM PLUS:**

**LANDLORD'S PRTB NUMBER:** \_\_\_\_\_ • **ANNUAL FEE €50**

**Resident's Permits will be valid for a 12-month period from 1<sup>st</sup> February to 31<sup>st</sup> January each year.**

**I hereby state that I reside at the address mentioned above and all of the details declared on my application are true and valid.**

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

- Please note that fines will be issued for non-display of resident permits or out of date resident permits for which there will be no appeal system.
- In the event of loss/damaged or replacement of resident's permit please note that re-issue of a resident's permit incurs €5 administration fee.

**FOR OFFICE USE ONLY**

**CONDITIONS FOR PERMIT:-1** \_\_\_\_\_ **2** \_\_\_\_\_ **3** \_\_\_\_\_

**PERMIT NO.** \_\_\_\_\_ **STREET/CAR PARK** \_\_\_\_\_

**DATE ISSUED** \_\_\_\_\_ **RECEIPT NO.** \_\_\_\_\_

*We collect and process this information to manage and administer the relationship between you and us. The processing is necessary for the performance of a contract to which you are a party or to take steps at the request of you, prior to entering into a contract with us.*

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