

COMMERCIAL PARKING PERMIT APPLICATION FORM

OVERVIEW

You can apply for a parking permit if your business is in the Webb St/Malcolm Ct business precinct. This permit allows the holder to park in designated areas for longer than permitted according to the parking signs.

APPLICATION FEE

Permit fee: \$72.00

LODGEMENT



EMAIL:
caseycc@casey.vic.gov.au



MAIL:
City of Casey
PO Box 1000,
Narre Warren, VIC 3805



IN PERSON:

Bunjil Place Customer Service
2 Patrick Northeast Drive, Narre Warren

Cranbourne Customer Service
Shop 61, Cranbourne Park Shopping Centre

Please refer to City of Casey website for opening hours.

APPLICATION REQUIREMENTS:

- Applications must be submitted 14 days prior to the date the permit is required for
- Proof of employment within the Permit Parking Precinct
- Vehicle registration number

PRIVACY STATEMENT:

☐ I have read and agree to City of Casey's Privacy Policy accessible at <https://www.casey.vic.gov.au/privacy>. We will only use the personal information provided by you for the purposes for which it was collected and any other authorised use. The information we collect may also be used for our planning and research purposes to improve the services to the community. We will never reveal personal information we collect to third parties unless disclosure is required or authorised by law. If you have any queries or need further information on privacy-related matters, please contact Council's Privacy Officer."

☐ I consent that the City of Casey ("Council") will collect my personal information, where Council believes it is reasonable to undertake functions for the use, disclosure, and operational requirements carried out by Council and/or including, but not limited to, third parties and other agencies. I understand and accept that Council is not liable for third-party disclosure, distribution, copying, or misuse of the information contained in this Excess Animals & Livestock form.

Contact the City of Casey:

Web: casey.vic.gov.au
Email: caseycc@casey.vic.gov.au
Phone: 03 9705 5200
Post: PO Box 1000, Narre Warren VIC 3805
NRS: 133 677 (for the deaf, hearing or speech impaired)

Customer Service Centres:

Narre Warren: Bunjil Place, Patrick Northeast Drive
Cranbourne: Cranbourne Park Shopping Centre
ABN: 43 320 295 742

APPLICANT'S DETAILS:

First Name:	Surname:	
Company Name:		
Business Address:		
Suburb:	Postcode:	
Mobile:	Telephone:	
Email:		
Vehicle Make:	Vehicle Type:	
Vehicle Registration:		

CONDITIONS OF USE:

1. The permit shall be valid for (12) months from the date of issue.
 2. Application for renewal shall be made at least two (2) weeks prior to the expiry date. The onus of renewal placed on the permit holder and is part of the condition of issue.
 3. The permit remains the property of the City of Casey and must be returned within 7 days of being request to do so.
 4. The permit should be displayed on the dashboard. It should be clearly visible.
 5. The issue of this permit does not guarantee the permit holder a parking space if the carpark is full.
 6. The permit will apply only to registered vehicles that fit within the marked parking bays.
 7. A vehicle displaying the current permit may park in the area designated for a period exceeding the display time on the parking signs. The permit is only valid in the permit area for which it is issued. Permit areas are identified on the respective parking signs. Permits do not give general exemptions to parking regulations.
 8. Council reserves the right to add, remove or change conditions of permit issue as it sees fit for the benefit of the community.
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APPLICANT DECLARATION:

I make this declaration in the firm belief that all the information on this form is, to the best of my knowledge, true and correct and I am aware that false declarations may be punishable by law. I will fully comply with the "Conditions of Use" for the permit. If my circumstances change in any way likely to affect my eligibility for the permit, I agree to notify the issuing authority within fourteen (14) days. I further agree that the permit remains the property of the issuing council and will be returned within (7) days of notification of such return being required. The Applicant's Agent may sign and take full legal responsibility on the Applicant's behalf.

Signature**Date**

CREDIT CARD AUTHORISATION**CARDHOLDER'S DECLARATION**

I declare that I am the authorised cardholder of this credit card and understand it is an offence to provide false information and penalties apply.

CREDIT CARD DETAILS:**Type of credit card**

Mastercard

Visa

Name of Cardholder:

Contact Phone (business hours):

Card Number:

Expiry Date:

CCV:

Amount (\$):