



Northern Territory of Australia  
TRAFFIC ACT 1994 AND TRAFFIC REGULATIONS 1995  
LOCAL GOVERNMENT ACT 2008  
AND DARWIN CITY COUNCIL BY-LAWS 1994

Permit No: \_\_\_\_\_  
Exp Date: \_\_\_\_\_  
Rec No: \_\_\_\_\_  
Rec Date: \_\_\_\_\_

Application for a Parking Permit for  
Community Service Organisations



Name of organisation: .....  
Name of contact person:  
Surname: .....First Name(s): .....  
Address for correspondence: .....  
.....  
Email Address: .....  
Contact numbers: (BH).....(AH).....  
Mobile .....Fax .....

Declaration: I understand that as a community agency issued with a Disabled Persons Parking Permit we have a responsibility to empower our clients by assisting them to obtain and control their own Disabled Parking Permit, also that any abuse or misuse of this agency's permit may result in it being revoked by Darwin City Council.

Signature ..... Date ...../...../.....

A parking permit is primarily issued to assist people with **permanent mobility limitations** and who, because of their disability their movement is restricted and need access to convenient parking within Darwin.

**Agency Report**

1. Please state the reasons your agency requires the use of a Disabled Persons Parking Permit  
.....  
.....
2. Number of permits required @\$10.00 each .....
3. Please identify why your agency require a parking permit. ....  
.....
4. Do your clients suffer from physical disabilities affecting mobility?  Yes  No
5. Do your clients require the use of mobility aids? Please specify equipment:  
 Wheelchair  Walking Frame  Other
6. If more than one permit required please justify. ....  
.....

Signature .....Date ...../...../.....  
Contact Name .....

Permits Issued are valid for **one year**. Please see over



Payment can be made in person at the Civic Centre, where EFTPOS facilities are available, or by post, with the completed form enclosed, and cheque or credit card to:

**Darwin City Council, GPO Box 84, Darwin NT 0801**

*Fees effective 1 July 2005*

**PERMIT FEE \$10.00**  
*(Price includes GST where applicable)*

Organisation Name .....

Address .....

Post Code ..... Telephone Number (BH) .....(AH) .....

I enclose my cheque/money order for \$ .....

Please debit my Bankcard  Mastercard  Visa  Diners  Amex

Card Number.....Expiry Date .....

Signature.....

**Please return form with payment**

Please note: Any person refused a Disabled Persons Parking Permit for any reason, may appeal that decision by contacting: Director Community Services, Civic Centre, Harry Chan Avenue, GPO Box 84, DARWIN NT 0801 Telephone (08) 8930 0633 or Facsimile (08) 8930 0644

**OFFICE USE ONLY**

All criteria must be satisfied for permit approval.

Disability identified as a mobility restriction ..... YES/NO

Applicant has signed declaration ..... YES/NO

Permit granted ..... YES/NO

If granted: Expiry Date: .....

Date for Renewal Reminder: .....(2 months prior to expiry)

Signed .....

**Privacy**

Darwin City Council will comply with the Information Privacy Principles contained in the Northern Territory Information Act. These principles protect the privacy of personal information collected and held by the Council. The Council's Privacy Policy explains how personal information is collected, used and stored. It also details how you can access your personal information. Council's privacy statement is available from the Darwin City Council, Harry Chan Ave, Darwin or via the Council's website at [www.darwin.nt.gov.au](http://www.darwin.nt.gov.au)