

**APPLICATION – RESIDENT PARKING
SCHEME EXEMPTION**



PO Box 81
DUBBO 2830

Phone: 6801 4000
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E-mail: council@dubbo.nsw.gov.au

1. Applicant Details:

Title: Mr Mrs Miss Ms Other

Surname: _____

Given name/s: _____

Postal address: _____

E-mail address: _____

Phone numbers: _____ (H) _____ (W) _____ (M)

Note: Applicant/s must provide proof of residency with this application form.

2. Vehicle/Parking Details:

Vehicle registration number: _____

Parking details: _____

Is the nominated vehicle/s registered in the name of the applicant? Yes No

If the answer is no, please provide proof from the registered owner of the vehicle that the vehicle is normally used by the applicant:

Applicant's signature: _____ Date: _____

OFFICE USE:

Area: _____ Precinct: _____

Zone: _____ Inspection date: _____

Comments: _____

Authorised by: _____ Date: _____