

**APPLICATION – RESIDENT PARKING
SCHEME EXEMPTION**



PO Box 81
DUBBO 2830

Phone: 6801 4000
Fax: 6801 4259

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: _____