**APPLICATION FOR ADVISORY PARKING BAY FOR A DISABLED PERSON**

(You must be in possession of a Disabled Person's Blue Badge)

NAME OF DISABLED PERSON ……………………………………………………………

ADDRESS …….……………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

DATE OF BIRTH ………………………… TEL. NO. ………………………………………

………………………………………………………………...……………………………………...

EMAIL ………………………………………………………………………………………………

MAKE / MODEL OF VEHICLE ………………………...………………………………….

REGISTRATION NUMBER OF VEHICLE ……………………………………………….

BLUE BADGE NUMBER ……………………………………………………………………..

(PLEASE NOTE THAT ONLY PERSONS WHO OWN A VEHICLE AT THE PROPERTY WILL BE PROVIDED WITH A DISABLED PARKING BAY)

DO YOU RECEIVE ATTENDANCE ALLOWANCE ………….... YES/NO (please delete as appropriate)

DO YOU RECEIVE THE HIGHER RATE OF DISABILITY LIVING ALLOWANCE (DLA) OR THE HIGHER RATE FOR THE MOBILITY PART OF PERSONAL INDEPENDENCE PAYMENT (PIP) ……………. YES/NO (please delete as appropriate)

 

PLEASE RETURN COMPLETED FORM TO:

Highways Programme

Technical Services

Northumberland County Council

County Hall

Morpeth

NE61 2EF