

APPLICATION FOR DISABLED BAY

Please complete form and return to: info@islandroads.com or to St. Christopher House, 42 Daish Way, Newport. Isle of Wight PO30 5XJ

Name of Blue Badge Holder: (PLEASE PRINT DETAILS)			
Address: (PLEASE PRINT DETAILS)			
7.00.000. (1 EE/10E 1 1.1111 BE 17.11E0)			
Postcode			
Is this your permanent Address? Telephone: Vehicle Registration Number:			
is this your permanent Address: Pelephone.		venicle negisti	allon Number.
YES/NO			
Blue Badge Serial Number: (Please enclose a copy of front and back of badge) Expiry Date:			
	If not state relationship	o of driver to	
Are you the driver of the vehicle? YES/NO badge holder:			
Name of Vehicle Owner?			
(Please provide copy of registration document/proof of Motability)			
Is this application for a new bay?		YES / NO	
Do you have an existing bay that requires repainting?		YES / NO	
Is this application to replace an existing bay following resurfacing?		YES / NO	
Do you have off street parking facilities?		YES / NO	
Are there any parking restrictions outside the property?		YES / NO	
Is the property within 10m (32 ft) of:	a junction	YES / NO	
, , ,	a bend	YES / NO	
	a brow of a hill	YES / NO	
Preferred position of bay (if other that outside property):			
I declare all the above information to be correct:			
Signed:			
Name (Block Caps):			
1. Island Roads reserves the right to charge the applicant for all costs incurred should any of the above declarations prove to be false.			
2. Whilst every effort will be made to carry out the work as soon as possible, we are unable to guarantee a precise date.			
3. PLEASE NOTE: The bay provided is advisory only and does not entitle the applicant to exclusive use			
4. All applicants must be blue badge holders and have a motor vehicle registered to a resident of the applicants address and have no off street parking.			

Date:/..../...../

Office Use Only:

Vehicle Documents Checked by:

Blue Badge Checked by: