KATHERINE
TOWN COUNCIL

APPLICATION FOR A PARKING PERMIT
FOR DISABLED PERSONS WITH MOBILITY LIMITATION

NT TRAFFIC REGULATIONS
LOCAL GOVERNMENT ACT 2004
AND KATHERINE TOWN COUNCIL BY-LAWS

Name of Applicant _____
(for whom the permit is required) Surname Given Name

Address _____

Postal Address_____

Email_____

Telephone (Business Hours) _____ (After Hours) _____

Declaration: I understand that the permit issued for is for my use only, and that I must be present whenever the vehicle is parked. The permit must be displayed unobstructed on the front windscreen of the vehicle. Any abuse of the permit may result in the permit being revoked by Katherine Town Council and or an infringement being issued.

Signature applicant/guardian _____ 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 Katherine.

Doctor's Report

(This section to be completed by a qualified medical practitioner)

1. Does the applicant suffer from a physical disability affecting mobility? Yes/No

2. The applicant's physical disability is_____ Permanent/Temporary

3.To what extent is the applicant's movement restricted, necessitating the need for a parking

permit? _____

4.Please state the nature and extent of the disability_____

_____

5.Does the applicant require the use of mobility aids? Please specify equipment:

☐ Wheelchair ☐ Walking Frame Other _____

Name of Medical Practitioner_____Telephone_____

Address_____

Doctor's Signature_____ Date _____/_____/_____

Provider Number_____

OFFICE USE ONLY
All criteria must be satisfied for permit approval.

Doctor's report completed	YES/NO
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 _____

Please note: Any person refused a disabled persons Parking Permit for any reason, may appeal that decision by contacting:

Chief Executive Officer
PO Box 1071
Katherine NT 0851
Ph 08 89725500
Fax 08 89710305

Please note – All information contained on this form is confidentially maintained by Katherine Town Council.

Privacy Statement

The information requested by this form is being collected by the Council for the purpose of a Disabled Persons with Mobility Limitations Application and amongst other things, providing appropriate services to ratepayers, carrying out the Council's functions, and in some cases, for compiling or reporting statistics. If you do not provide the information Council may not be able to process your application. The Council may disclose the information provided by you on this form to other government bodies, in accordance with our Privacy Policy, which is available on our website www.ktc.nt.gov.au or on request from the Council office. You may obtain access to your personal information held by Council by submitting an application form that is available at Council or by contacting the 'Administration Manager' (08) 8972 5500.