



**KATHERINE**  
TOWN COUNCIL

**APPLICATION FOR A PARKING PERMIT  
FOR COMMUNITY ORGANISATIONS**

NT TRAFFIC ACT 1994  
NT TRAFFIC REGULATIONS 1995  
LOCAL GOVERNMENT ACT 2008  
AND KATHERINE TOWN COUNCIL BY-LAWS 2011

Name of Organisation.....

Name of person responsible.....

Surname.....First Names(s).....

Address for correspondence.....

Email Address.....

Telephone (Business Hours)..... Mobile.....

Number of Permits Requested.....

**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 .....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.

**Agency Report**

1. Please state the reason your agency requires the use of a Disabled Person’s Parking Permit

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2. Does your client suffer from a physical disability affecting mobility? Please circle YES/NO

3. Do your clients require the use of mobility aids? Please specify equipment:

Wheelchair       Walking Frame      Other \_\_\_\_\_

4. Vehicle Registration number/s to which this/these permits will apply.....

.....

**SIGNATURE**.....

ALL PERMITS EXPIRE ON THE 30 JUNE 2022

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

Disability identified as a mobility restriction YES/NO  
Applicant has signed declaration YES/NO

Permit Granted YES/NO  
If Granted: Expiry Date: \_\_\_\_\_

Permit Number(s) \_\_\_\_\_

Date for Renewal Reminder: \_\_\_\_\_ (2 months prior to expiry)

Signed \_\_\_\_\_

**Please note:** Any person refused a Disabled Person's 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  
Email: [records@ktc.nt.gov.au](mailto:records@ktc.nt.gov.au)

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](http://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 "Information Officer" (08) 8972 5500.