

Application for a Re-print of a Lost, Damaged or Stolen Permanent Australian Disability Parking Permit - Individual



Please allow 14 working days for processing. Incomplete applications will not be processed.

Applicant Details

| | | | |
|----------------------|---|---------------|----------------------|
| Surname: | <input type="text"/> | Given Name/s: | <input type="text"/> |
| Date of Birth: | <input type="text" value="Day/Month/Year"/> | | |
| Residential Address: | <input type="text"/> | | |
| Postal Address: | <input type="text"/> | | |
| Email: | <input type="text"/> | Mobile: | <input type="text"/> |
| Other Phone: | <input type="text"/> | | |

IF APPLICABLE – Details of:

Parent

Guardian

Power of Attorney

| | | | |
|----------|----------------------|---------------|----------------------|
| Surname: | <input type="text"/> | Given Name/s: | <input type="text"/> |
| Email: | <input type="text"/> | Mobile: | <input type="text"/> |

DECLARATION: I, the undersigned understand the permit is for the **APPLICANTS USE ONLY**. The applicant must be in or using the vehicle which has the permit displayed. Any abuse or misuse of the permit may result in the permit being revoked by the Alice Springs Town Council. I have read, I have understood, and I am bound by the conditions of use and applicable Territory and Federal legislation.

Signature: _____ Date: _____
(Signature of Applicant/Parent/Guardian/Power of Attorney)

Permit Details - Only 3 re-prints within the 3-year period is allowed

| | | | |
|----------------|----------------------------|-------------------------------|------------------------------|
| My Permit was: | <input type="radio"/> Lost | <input type="radio"/> Damaged | <input type="radio"/> Stolen |
| Permit No.: | <input type="text"/> | Expiry Date: | <input type="text"/> |

Instructions on getting the permit to you

Call me to collect Email me to collect Post my permit
If you do not collect your permit within 2 weeks of being called or emailed it will be posted.

Please submit your completed form:

- In person to – Civic Centre Reception, 93 Todd Street, Alice Springs, NT 0870
- By email to – astc@astc.nt.gov.au By fax to – (08) 8953 0588
- By post to – Alice Springs Town Council, PO Box 1071, Alice Springs, NT 0871
- Please call the Council on (08) 8950 0500, if you require further assistance.