APPLICATION TO SUSPEND A PARKING RESTRICTION

Please return this form signed to:

**Email:** parking\_suspension@bathnes.gov.uk

**Post:** Parking Services
Bath and North East Somerset Council
PO Box 5197
Bath
BA1 0UF

**Fax:** 01225 477130

You will be contacted for payment details once the application has been accepted.

|  |  |
| --- | --- |
| Full Name of Applicant:  | Click here to enter text. |
| Address:  | Click here to enter text. |
| Contact Telephone Number: | Click here to enter text. |
| Email Address:  | Click here to enter text. |
| Number of Spaces Required: | Click here to enter text. |
| Start and End Dates of Suspension (inclusive): | Click here to enter text. |
| Number of days Required: | Click here to enter text. |
| Type of Vehicle/s to use Bay and Registration Number/s:  | Click here to enter text. |
| Location of Bay to be Suspended: | Click here to enter text. |
| Why Bay is Required: | Click here to enter text. |
|  |
| I declare that I have read and agree to the attached terms and conditions. |
| Name Printed: | Click here to enter text.  |
| Signature:\*  | Click here to enter text. |
| Date:  | Click here to enter text.  |

\*An electronic signature will be accepted for those returning this application by email.