APPLICATION TO SUSPEND A PARKING RESTRICTION

Please return this form signed to:

**Email:** [parking\_suspension@bathnes.gov.uk](mailto: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.

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| --- | --- | --- |
| 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.