



LOUTH COUNTY COUNCIL
ST. ALPHONSUS ROAD, DUNDALK, CO. LOUTH
TELEPHONE 042 9335457

APPLICATION FOR A RESIDENTS PARKING (CARERS) PERMIT

NAME: _____ TEL: _____

ADDRESS: _____

The Resident's Parking (Carers) Permit shall be issued annually.

Please confirm whether or not you are listed on the current register of electors at the above-mentioned address. Yes No

Is the above address your normal place of residence? Yes No

If you are not the owner of the property, please state the following:

Name & Address of Owner: _____

Where the applicant is resident in a rented house, confirmation that the dwelling is registered with the Private Residential Tenancies Board, in accordance with the Residential Tenancies Act, 2004.

NOTES:

1. Please submit utility bills (ESB bill, Telephone bill etc), bank statements or other documentation acceptable to Louth County Council, addressed to you at the above address.
2. Written confirmation from your doctor that you require on-going daily care must be submitted with this application.
3. If you are over the age of 65 a note from your doctor is not required, however, you should submit evidence to this effect, e.g. Old Age Pension Book, etc.
4. I understand that if any false or misleading information is given the Resident's Parking (Carers) Permit can be withdrawn at any time.

I, the undersigned hereby apply for a Resident's Parking (Carers) Permit and certify that all the information given is true & correct.

Applicant's Signature: _____ Date: _____