



# Application form for a disabled person's parking bay at your home

Please write block letters and in black ink. Thank you.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

**Please circle correct answer, Yes or No.**

Do you hold a Blue Badge? **Yes** **No**  
*Please attach a photocopy of your Blue Badge*

What is the nature of your disability? \_\_\_\_\_

What distance or time can you walk without stopping, severe discomfort or help from another person?

Do you regularly use a walking aid or wheelchair? **Yes** **No**  
If yes, please state type of aid.

Are you a permanent, continuous resident of this address? **Yes** **No**

Is there a vehicle registered at this address - to be used by you as passenger or driver? **Yes** **No**  
*Please attach a photocopy of the Vehicle Registration Document*

Are you the driver of the vehicle? **Yes** **No**  
If you are not the driver, what is the name of the driver, (living at this address)?

Please state what parking difficulties you are having.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare that to the best of my belief all the statements that I have made on this form are true.

Signature

Date

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Please Print Name

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Please send this form to :  
Traffic and Road Safety  
Street Management and Public Protection  
London Borough of Hounslow  
Civic Centre, Lampton Road  
Hounslow TW3 4DN

Tel: 020 8583 3322

Fax: 020 8583 4880

E-mail: [traffic@hounslow.gov.uk](mailto:traffic@hounslow.gov.uk)