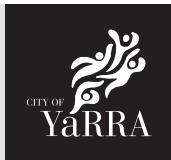


# Parking sensor application form (removal/reinstatement)

Parking in Yarra

D17/30999



## APPLICATION INFORMATION

Please complete all sections of this application form and return to the Yarra City Council.

You must provide your full name, residential address, contact number and email address for your application to be assessed.

For further information please visit [www.yarracity.vic.gov.au/parking](http://www.yarracity.vic.gov.au/parking)

## APPLICANT DETAILS \*Mandatory field. All applicable sections must be completed

First name*	Last name*
Position/Title*	Preferred contact telephone number*
Email*	
Business name*	ABN*
Consent number*	Street address*
Suburb*	Postcode*

## SITE DETAILS \*Mandatory field All applicable sections must be completed

### Site location

The site location is the same as the applicant's address\*  Yes  No **PLEASE COMPLETE SECTION BELOW**

Street address	Suburb
Postcode	

### Sensor information

How many sensors need to be removed?\*

Sensor bay number (can be found on the kerb or in the parking bay)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Work will be commenced on (DD/MM/YY)\*

Estimated completion date (DD/MM/YY)\*

## IMPORTANT INFORMATION

By signing this application, we accept all costs associated with the removal and reinstatement of in ground sensors. Damage or illegal removal of sensors may result in legal action to recover any costs to Council.

## DECLARATION \*Mandatory field. All applicable sections must be completed

I acknowledge the information provided in this application form is correct and I am authorised to sign on behalf of the applicant organisation.

Signature*
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Print name*	Date*
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