

Permit No
Date of Issue
Amount paid
Prepared by

Parking Service

Health Visitors – Application Form

Health Visitor's permits are available to those Designated Health Visitors visiting households within on-street resident parking zones.

Health Visitor's permits are issued free of charge. Their usage is monitored very closely and future applications will be refused if abuse is observed.

Please complete all sections of this form, **IN BLOCK LETTERS**, in black ink, and ensure that all the correct documentation is enclosed before the application is submitted.

YOUR APPLICATION WILL BE RETURNED TO YOU AND THE ISSUE OF YOUR PERMITS MAY BE DELAYED IF THE FORM IS INCORRECTLY OR PARTIALLY COMPLETED, OR IF THE DOCUMENTATION IS NOT ATTACHED.

Part 1 – Your Particulars

Surname: _____

Home Address: _____

Mr/Mrs/Miss or other title: _____

Forenames in full: _____

Postal Code: _____

Location of Work _____

Telephone No. (Home) _____

Telephone No. (Business) _____
(We may need to contact you at short notice)

Part 2 – Vehicle Particulars

Registration No.: _____

Make and Type: _____

Colour: _____

If the vehicle is a goods vehicle, does the overall height exceed 3.2 metres (10ft 6ins), length exceed 6.5 metres (21ft 4ins) or maximum gross weight exceed 5 tonnes?

YES

NO

Are you the registered keeper?

YES

NO

If no, who is the registered keeper? (Name and address)

Postal Code _____

Is the vehicle kept and used by you?

YES

NO

Part 3 – Enclosures

Applications must be supported by a typed letter on headed paper from the Health Authority or Local Doctor confirming necessity.

Please send the application to:

**Parking and Regulation
Transport & Highways
Civic Centre
Regent Street
Gateshead
NE8 1HH**

Alternatively, you may take your application to:

Reception Desk (2nd Floor)
Development & Enterprise
Gateshead Civic Centre

Between 9:30am – 11:30am
2:00pm – 4:00pm
Monday to Friday (both inclusive)

Before submitting your application, please check that you have enclosed the following:

- **Supporting letter from the Health Authority or Local Doctor**