

**COMHAIRLE CHONTAE CHILL CHAINNIGH**

**KILKENNY COUNTY COUNCIL**

Tel: 056 7794540 Email: trafficfines@kilkennycoco.ie

**Carer’s Parking Permit**

**Application Form**

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| **CONDITIONS:** * A Carer’s Parking Permit is issued only to eligible residents in the disc parking area as contained in Kilkenny Borough Council, Parking Control Bye-Laws 2012, who require ongoing daily care for a medical illness.
* The permit may be used only by the person who visits, calls on or makes a stay with the resident for the purpose of ongoing daily care for a medical illness.
* The Carer’s Permit entitles the Carer to park free of charge and without a time limit in the disc parking area indicated on the permit.
* Possession of a Carer’s Permit does not guarantee the holder a parking space at any time on the street indicated on the permit.
* The responsibility for the renewal of a Carer’s Permit rests solely with the permit holder.
* A maximum of one permit per house is permitted.
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| **REQUIREMENTS:**If you are eligible for a Carer’s Parking Permit, please complete this Application Form and attach herewith copies of the documents indicated. *(Unsigned or incomplete applications* ***will not*** *be accepted.)* |
| ***Please complete in BLOCK capitals and ensure that Data Protection is completed and signed at the back of form*** |
| **SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **TEL NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **DECLARATION****I declare that my normal residence is at the above address within the disc parking area of Kilkenny County Council. I declare that I currently require daily care for a medical illness attach herewith copies of:-** ***(Please insert 🗹 to confirm inclusion of the following)***􀂅 **Written confirmation from my doctor stating that I require daily care for a medical illness**  ***(must be written on official practice stationary)***􀂅 **1 copy of Utility Bill e.g. ESB, GAS, TV Provider, Landline Phone, Irish Water or Property Tax****OR** **1 copy of current Financial Statement e.g. Bank / Credit Card / Credit Union****OR** **1 copy of correspondence from Department of Social Welfare / Revenue*****Documentation must be within the past 4 months showing Applicant’s Name and Address***􀂅 **Proof of ownership of the property, e.g. Local Property Tax correspondence for current year.**􀂅 **Rent Book / Rental Agreement – if applicable** **(*indicating the name and address of landlord & tenant, duration of tenancy and signed by both parties)* and** **a copy of letter acknowledging registration of tenancy with the Private Residential Tenancies Board (PRTB)**􀂅 **Out of date permit – if applicable *(original permit required)*****Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **APPLICATION FEE:** A Carer’s Parking Permit costs €20 and a maximum of one Carer’s Permit per household applies. |
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| **Please return completed application forms with copies of the required documents to** ***The Traffic Department, Kilkenny County Council, County Hall , John St Kilkenny R95 A39T*** |
| **FOR OFFICE USE****RECEIVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RECEIPT NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **APPROVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PERMIT ISSUED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**DATA PROTECTION CONSENT FORM**

**Data Protection Acts 1988 to 2018 as amended**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to the collection and processing of the data provided by me by Kilkenny County Council and the sharing of this data with relevant agencies/bodies for the purposes of issuing a Parking Permit.**

**I agree that Kilkenny County Council when assessing my application may contact other Government Departments/Bodies including the Department Transport Tourism & Sport to confirm the information provided.**

**Any personal information which you provide may be shared / exchanged with other Government Departments/Agencies in accordance with the law and will be used by Kilkenny County Council and other Agencies to carry out our legal obligations.**

**Kilkenny County Council will treat all information and personal data you give us as confidential. We will retain your data for no longer than is necessary for the purpose of processing and duration of the Parking Permit and in accordance with the Council’s Retention Policy.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(in Block Capitals)**