



KATHERINE TOWN COUNCIL

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NT TRAFFIC REGULATIONS
LOCAL GOVERNMENT ACT 2004
AND KATHERINE TOWN COUNCIL BY-LAWS
**APPLICATION FOR A PARKING PERMIT
FOR DISABLED PERSONS WITH MOBILITY LIMITATION**

Name of Applicant _____
(for whom the permit is required) Surname Given Name

Address _____

Telephone (Business Hours) _____ (After Hours) _____

Declaration: I understand that the permit issued is for my use only and that I must be using the vehicle whenever it is parked with the permit displayed and also, that any abuse or misuse of my permit may result in it being revoked by Katherine Town Council.

Signature applicant/guardian _____ Date ____/____/____

A parking permit is **primarily** issued to assist people with permanent mobility limitations and who, because of their disability their movement is restricted and need access to convenient parking within Katherine.

Doctor's Report

(This section to be completed by a qualified medical practitioner)

1. Does the applicant suffer from a physical disability affecting mobility? Yes/No
2. The applicant's physical disability is _____ Permanent/Temporary
3. To what extent is the applicant's movement restricted, necessitating the need for a parking permit? _____
4. Please state the nature and extent of the disability _____

5. Does the applicant require the use of mobility aids? Please specify equipment:
Wheelchair Walking Frame Other _____

Name of Medical Practitioner _____ Telephone _____

Address _____

Doctor's Signature _____ Date ____/____/____

Provider Number _____