

RECEIPT NO.
PERMIT ISSUED

PERMIT NUMBER

MAYO COUNTY COUNCIL

CLAREMORRIS-SWINFORD MUNICIPAL DISTRICT

KILCOLMAN ROAD, CLAREMORRIS

TEL: 094 90 64800

APPLICATION FOR RESIDENTS PARKING PERMIT

RESIDENTS NAME:	
RESIDENTS ADDRESS:	
Type of Accommodation eg. Dwelling Hous	se or Apartment Building:
If Apartment Building, please state number	of Apartments in Building:
Contact Telephone No.	
Vehicle Type	
Vehicle Registration No	Vehicle Colour:
permit to enable me to keep my vehicle at m	address above and I wish to apply for a residents parking my normal dwelling place in that street. In this regard, I dicated below confirming that the vehicle is kept by me at
Signed:	Date:
ACCEPTABLE EVIDENCE ENCLOSED - 2	<u>REQUIRED</u>
Current ESB Bill addressed to Applicant at abox	ve residence
Vehicle Licensing Certificate	
Any other information requested by Mayo Coun	ty Council
If you are renting a property – Please supply a	letter from your landlord or their Agents.
The Fee for the Residents Permit is €60 per a	innum
1	For Office Use
FEE PAID	YES/NO

YES/NO