## MAYO COUNTY COUNCIL BALLINROBE AREA OFFICE

Kilmaine Road, Ballinrobe Phone (094) 9541029

## APPLICATION FOR RESIDENTS PARKING PERMIT

Residents Name		-	
Residents Address			
Type of Accommoda	tion: e.g. Dwelli:	ng house or A	Apartment Building
If Apartment building			
Contact Tel No: Vehicle Type:			\ \
Vehicle Registration	No		Vehicle Colour
in that street. In this confirming that the v	regard I enclose whicle kept by m	herewith, ac e at this addr	4
	-	d-william	Date:
			l – 2 REQUIRED
ESB bill addressed	d to applicant at a	above residen	ice
Vehicle Licensing	Certificate		
Any other informa	tion requested by	Mayo Coun	ty Council
lf you are renting a p	roperty – Please	supply a Yeu	ter from your landlord or their agent
The fee for a Resident			
		irge to O.A.P	's who must display a valid permit
or Office Use Only	Fee paid		
	Receipt No.		
	OAP		
	Permit Issued	YES NO	
	Permit No.		