

Application for a Works Zone Parking Permit

General Local Laws No. 1 - Part 4 - Section 4.8

What you need to do for your application



Complete the form

Make sure all sections are complete and you have supplied all supporting documents.



Make a payment

Please supply your credit card details or include a cheque for payment of this application

Fees Apply

A fee of **\$52.00 per bay, per week** applies.

Office Use Only

RT 124

Receipt Number

Application Date

Collection of Information

Colac Otway Shire is committed to protecting your privacy. The personal information requested on this form is being collected by Colac Otway Shire for the purpose of applying for a Works Zone Parking Permit or and other related purpose. It will not be disclosed to any other external party without your consent, unless required or authorised by law. If the personal information is not collected, a permit will not be issued. If you wish to alter any of the personal information you have supplied to Colac Otway Shire, please contact Council via telephone on 5232 9400 or email inq@colacotway.vic.gov.au. Council's Privacy Policy is available from our website: colacotway.vic.gov.au/Council-the-shire/Council-policies and all Council Customer Service Centres.

Your Details

Applicant's Name

Company/Organisation

Contact Person

Postal Address

Best phone number to contact you on

Email

Application Details

Start Date

End Date

Start Time

 AM/PM

End Time

 AM/PM

Number of Parking Bays required:

@ \$50.00 per bay, per week = \$

Location of Parking Bays to be used for Work Zone Parking

Authorisation

Signature

Date

Return your completed forms by post: PO Box 283, Colac, 3250, email: inq@colacotway.vic.gov.au or call into one of our service centres.

Colac Shire Offices, 2-6 Rae St, Colac | GORVIC 100 Great Ocean Rd, Apollo Bay

Payment by credit card

What you need to do for your application



Complete the form

Make sure all sections are complete and you have supplied all supporting documents.



Submit payment

Please attach this to the FRONT of your application/documents

This form will be destroyed upon completion of the payment process

Office Use Only

Application No

Amount

 \$

Receipt Type

Receipt No

Date

DO NOT SCAN - TO BE DESTROYED

Your Details

First name

Last name

Company

Best phone number to contact you on

Email

Residential or postal address

Description of payment (i.e. Rates, Permit Application, Invoice)

Amount to be charged

 \$

Amount in words

Credit Card Details

Name on card

Credit Card Number

VISA CARD

MASTERCARD

AMEX

Expiry Date

CIV

Signature