



ENVIRONMENTAL SERVICES  
DIRECT SERVICES – TRANSPORTATION

APPLICATION FOR  
PARKING FACILITY FOR DISABLED PERSON  
DISABLED PERSONS' PARKING PLACES (SCOTLAND) ACT 2009

PLEASE READ GUIDANCE NOTES BEFORE SUBMITTING YOUR FORM

Title ..... Surname ..... First Name(s) .....

Address .....

.....

Post Code ..... Tel. No.....

Date of Birth .....

Please answer all questions, tick all relevant boxes, give appropriate reference numbers and any other relevant information.

1. Do you have an existing facility in addition to ordinary kerbside parking? ☐ YES ☐ NO

If **no** please go to Question 2

- If **yes** please specify:
- |                        |                                |
|------------------------|--------------------------------|
| Driveway               | <input type="checkbox"/>       |
| Off street car park    | <input type="checkbox"/>       |
| Lock up garage         | <input type="checkbox"/>       |
| Other (please specify) | <input type="checkbox"/> ..... |

Please explain why your existing facility is unsuitable.....  
.....

2. Are you in possession of a valid, current Blue Badge ☐ YES ☐ NO

Please state serial number.....

Expiry Date .....

3. Is the car normally kept at the above address? ☐ YES ☐ NO

4. Are you the Registered Keeper of the vehicle ☐ YES ☐ NO

If **Yes** please go to Question 5

If **No**:

Is your address the same as the address of the  
Registered Keeper of the car? ☐ YES ☐ NO

5. Is there a persistent difficulty in parking on the street  
near to your property? ☐ YES ☐ NO

Please send the completed form to:-

Transportation Manager  
Council Office  
PO Box 6760, Elgin, IV30 9BX

I declare that all the foregoing information is true and complete to the best of my  
knowledge and belief. I agree to the use of personal data as stipulated in nos: 1 & 2 of  
the Notes for Guidance.

Signature.....Date.....

Name – if signing on behalf of applicant .....

(Please use this space for any other relevant information.)

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#### For Office Use Only

Approved By..... Date.....

Disabled Bay reference No: ..... Date.....

Declined By ..... Date.....

Reason.....

## **NOTES FOR GUIDANCE FOR APPLICANT**

1. Personal data supplied in this form will be held by The Moray Council and used in accordance with the Data Protection Act 1998 for the planning and provision of Disabled Parking Facilities. Data will only be held for as long as it is necessary.
2. The Moray Council will treat information provided in this application form as confidential and will not share it with any other body.
3. Because of the difficulties of laying white lines in wet and cold conditions, we do not normally provide disabled parking facilities between the months of November and March. Any successful requests received during that period are carried forward for completion in April – October, depending on budgets and other work commitments.
4. The Moray Council has a duty to comply with the Disabled Persons' Parking Places (Scotland) Act 2009.
5. You will be advised in writing if your application has been successful or not. If you do not meet the qualifications personally or it is not possible to identify a suitable street parking place, you will be notified with details of the reason(s) your application has been unsuccessful.
6. The Moray Council must keep under review the continuing provision of each street parking place. Hence, all successful applicants will be contacted periodically to maintain our records.
7. Disabled street parking places are reserved for disabled badge holders only.