Please read the “***Controlled Parking Zone Eligibility Requirements and Terms and Conditions***” document before completing **all sections** of this application form.

The quickest and easiest way to renew and securely pay for your additional visitor vouchers is online ***https://suttonices.parkinguk.org/permits/default.asp***

Please only complete this paper form if you are unable to purchase online.

|  |  |  |
| --- | --- | --- |
| **A** | **NAME AND CONTACT DETAILS** | |
| **1** | **Title (Mr, Mrs, Miss, Ms)** |  |
| **2** | **First Name** |  |
| **3** | **Surname** |  |
| **4** | **Telephone Number** |  |
| **5** | **Email Address** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **B** | **PROPERTY DETAILS** | | | | | | |
| **6** | **Full Address** |  | | | | | |
| **7** | **Postcode** |  | | | | | |
| **8** | **When did you/will you move to the above address** | **MONTH** |  | **YEAR** | |  | |
| **9** | **Present Address (if different from above)** |  | | | | | |
| **10** | **Which Controlled Zone are you applying for?**  **(tick)** | **SUTTON** | | | **R/B/G** | |  |
| **BELMONT** | | | **BH** | |  |
| **WELLINGTON AVENUE** | | | **A** | |  |
| **11** | **I am on the Register of Electors at the address provided in (6) above? (tick)** | **YES** |  | **NO** | |  | |

The details provided above must match those provided on any proof of residence evidence provided with the application form.  
  
If you are on the Register of Electors (this will be checked) then no further proof of residence is required to be provided. If not then additional evidence will be required as per below

**Proof of residence - we will only accept:**

1. a valid/current tenancy agreement ***or***
2. Council Tax letter (must be current financial year) ***or***
3. A utility bill (gas/electric/water) no more than 3 months old ***or***
4. If you are moving into the area we will need confirmation of your new address, for example a solicitor's letter or a tenancy agreement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **C** | **VISITOR VOUCHER DETAILS** | | | | |
| **12** | **Please provide my household’s allocation of 50 Hours Free Visitor Vouchers** | **YES** |  | **NO** |  |
| **13** | **Number of additional books of visitor vouchers (100 hours) required** |  | | ***Each book of 100 hours costs £61*** | |

The Council will undertake periodic checks against all details provided in this (and the original) application to ensure they are correct during the lifetime of the permit. We may require you to provide additional information, at any time during the period of permit validity, to confirm this information and reserve the right to cancel the permit should the information not be provided or if it is found that any of the information is not correct or no longer meets the criteria.

**DECRLARATION**

By signing below I confirm that

1. All details provided in this application are correct and I authorise the Council to undertake any checks necessary to confirm the validity of the information provided, including but not limited to, the Register of Electors and the Driver & Vehicle Licence Agency.
2. I will inform the Council should any of this information change, including but not limited to, no longer being resident at the address.
3. I have read and agree to abide by the terms and conditions governing the issue and use of Resident Parking Permits and Visitor Vouchers in the London Borough of Sutton.
4. I have enclosed payment and all required evidence with this application.

|  |  |
| --- | --- |
| **SIGNATURE** |  |
| **NAME** |  |
| **DATE** |  |

Applications and evidence can be returned:

**By post to:**

Parking Services – Permit Application  
Civic Office, St Nicholas Way, Sutton, SM1 1EA  
  
Please include a cheque/postal order made payable to “**London Borough of Sutton**”. Please **DO NOT** send cash in the post.

**In Person to**:

INDIGO Customer Office  
50 Grove Road  
Sutton  
SM1 1BT

Payments can be made by cash, cheque or postal order at this office.

**APPLICATION FORM GUIDANCE**  
  
Please complete the form in **CAPITALS** using black or blue ink.

Please note all name and address details will need to match the evidence documents required to be provided.

Payment by cheque/postal order will not be processed until we have approved the application. We may require further information to approve your application and if we do we will hold your cheque/postal order whilst we obtain this information.

If your application is not approved then your cheque/postal order will be returned to you.

**SECTION A**

**1** – Enter your title

**2** – Enter your first name as it appears on any evidence documents.

**3** – Enter your last name as it appears on any evidence documents

**4** – Enter a day time telephone number we can reach you on in case we have any queries with your application

**5** – Enter a valid email address (this will be used for renewal reminders)

**SECTION B**

**6** – Enter your full address, including any flat number, building name and street address as it appears on any evidence items

**7** – Enter your full post code

**8** – Enter approximate date you moved/or will move to the address

**9** – If you are not living at the application address please provide your current address details including post code.

**10** – Please tick the box which relates to the Controlled Zone you are applying for. You can refer to “Schedule 3 - Sutton (Charge for Parking Places) Order 2017” which is available on our website for additional help.

**11** - Please tick which applies. Note if you tick yes to this question then no further proof of residence is required to be submitted with the application. We will check the Register and may require further evidence if required.

**SECTION C**

**12** – Please indicate if you are applying for your allocation of 50 free hours. The allocation is per household and can only be issued once on a 12 month period.

**13** – Please indicate how many additional books (100 hours) are required.