**Application for a Private Parking Agreement/MOU (PLEASE PRINT CLEARLY)**



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Applicant Details:** | | | | | |
| Name: |  | | | | |
| Company: |  | | | | |
| Business Ph: |  | Mobile: |  | | |
| Address: |  | | | | |
| Suburb: |  | | | Postcode: |  |
| Email: |  | | | | |
| Postal Address: |  | | | | |
| Suburb: |  | | | Postcode: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Body Corporate Details (If applicable)** | | | |
| Contact Person: |  | Phone No: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Property Details** | | | | | |
| No.: |  | Street: |  | | |
| Suburb: |  | | | Postcode: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Parking Issues** | | | | |
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| **I have attached the following documentation:** | | | |
|  | Questions to Determine Area Classification |  | Land Title / Authority to Manage | |
|  | Site Plan |  | Public Liability Insurance | |

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| --- | --- | --- | --- |
| **Applicant’s Declaration:** | | | |
| I am the owner or the authorised representative of the property mentioned in the application form, and I am responsible for the payment of all fees and charges associated with a PPA or MOU. | | | |
| **Applicant’s Signature:** |  | **Date:** |  |

*The personal information requested on this form is being collected for the purpose of analysing parking enforcement needs. The personal information will be used solely by Council for that primary purpose or directly related purpose and will not be disclosed to any other party except as required by law. The applicant understands that the personal information provided is for the above purpose and that they may access the information by contacting the Compliance Department on 9262 6394.*

**Questions to Determine Area Classification**



|  |  |  |
| --- | --- | --- |
| **No** | **Questions** | **Answers** |
| 1. | At the moment, is the area open to, or used by the public, for driving, riding or parking motor vehicles or motor cycles? | Yes - No  Please circle one only |
| 2. | Do you want the area to be used by the public for driving or parking motor vehicles or motor cycles? | Yes - No  Please circle one only |
| 3. | Do you want prevent the general public from parking in the area on a casual or occasional basis? | Yes - No  Please circle one only |
| 4. | Do you want prevent the general public from parking in the area on a permanent basis? | Yes - No  Please circle one only |
| 5. | Do you want to restrict the parking to “Authorised Permit Holders Only”? | Yes - No  Please circle one only |
| 6. | Do you want to restrict the period of time the general public can park? | Yes - No  Please circle one only |
| 7. | Do you want to restrict the period of time the Authorised Permit Holders can park? | Yes - No  Please circle one only |

**Completing this Form**

1. Attach the required documentation
2. Send the application to:

Parking Services Coordinator

Community Laws

City of Whitehorse

Locked Bag 2

NUNAWADING DC VIC 3131

Or scan the application and email it to customer.service@whitehorse.vic.gov.au

**Office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| SR #: |  | | |
| Location: |  | | |
| This area has been classified as: | | | PPA MOU (circle one only) |
| Approved by: | |  | |
| Date: | |  | |