



**LONDON BOROUGH OF SUTTON  
PARKING SERVICES**



*APPLICATION FOR A DISABLED PERSON'S PARKING BAY*

Mr  Mrs  Miss  Ms

**Full Name of Disabled Person**

**Home Address:**

**Location of bay (if different from home address)**

**Blue badge Serial No.**

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**Do you have difficulty in walking?**

YES  NO  (Please tick as appropriate)

**Do you receive a mobility allowance?**

YES  NO  (Please tick as appropriate)

**Please note:** To qualify for a bay you must hold a current Blue Badge and have severe difficulty in walking

If the answer to either question is **“YES”** please provide evidence to support your claim, and a brief description of your disability:

**Please note:** The bay will not be provided as a pick-up point for ambulances, public transport and other public services.

**Do you drive the vehicle?**

YES  NO  (Please tick as appropriate)

If **“NO”** please give reasons for your application:

**Please note:** To qualify for a bay you must not have convenient off-street parking available to you

**Do you have an off-street parking place or garage?**

**YES**       **NO**       (Please tick as appropriate)

If “**YES**” please tell us why you require the bay?

**When do you find it difficult to park?** (Please tick as appropriate)

**Weekdays 8.00am – 6.30pm**      **YES**       **NO**

**Weekdays 6.30pm – Midnight**      **YES**       **NO**

**Saturdays**      **YES**       **NO**

**Sundays**      **YES**       **NO**

**Any other comments or information you wish to give:**

**Signature of Disabled Person:**

**Date**

NB: It is essential that you supply a contact telephone number:

**Please return your completed application to:**

**Parking Services**

**L B Sutton**

**St Nicholas Way**

**Sutton**

**SM1 1EA**

**Telephone: 0208 770 5070**