



THE PROVISION OF PARKING FACILITIES IS INTENDED FOR **DRIVERS WITH SEVERE MOBILITY PROBLEMS WHO ARE CURRENT ORANGE OR BLUE BADGE HOLDERS, VEHICLE OWNERS, AND WHO WOULD OTHERWISE FIND IT IMPOSSIBLE TO WALK THE DISTANCE BETWEEN THEIR VEHICLE AND THEIR HOME.**

ON STREET PARKING FACILITIES WILL BE 'ADVISORY ONLY'; THEY CANNOT BE ENFORCED, HOWEVER THE POLICE WILL CONSIDER COMPLAINTS AND ASSIST WHERE POSSIBLE

IF YOU THINK THAT YOU MEET THESE REQUIREMENTS AND WISH TO APPLY FOR PARKING FACILITIES PLEASE COMPLETE THIS FORM AND RETURN IT TO: **WEST LOTHIAN COUNCIL, HIGHWAYS MANAGER, COUNTY BUILDINGS, HIGH STREET, LINLITHGOW, EH49 7EZ**

Applicants Full Name	<input type="text"/>	Mr./Mrs./Miss/Ms
Applicants Address	<input type="text"/> <input type="text"/> <input type="text"/>	
	Post Code	<input type="text"/>
Date of Birth	<input type="text"/>	Telephone No. <input type="text"/>

1. Do you hold a CURRENT Orange or Blue Badge?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES please give Serial Number	<input type="text"/>	
Date of Issue	<input type="text"/>	Expiry Date <input type="text"/>
Do you hold a current Driving Licence ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please give Driving Licence number	<input type="text"/>	
Are you the DRIVER of a private car ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes are you the registered owner of the vehicle ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



Name of G.P	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Post Code	<input type="text"/>
Declaration:	I hereby consent to my G.P being contacted to provide additional information to support this application
Signature	<input type="text"/>
Date.	<input type="text"/>

2. Do you receive a mobility allowance (Disability Living Allowance) because of your disability ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES explain why?	<input type="text"/> <input type="text"/>	

3. Do you have a driveway / vehicular access or a garage adjacent to your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please describe where you normally park your vehicle (using a diagram if necessary).	<input type="text"/>	



4. Explain how your condition affects your ability to reach your parked car.

(We cannot address general parking congestion issues.)

5. Please indicate who the property owner is by ticking relevant box

Private	<input type="checkbox"/>	Private Rented	<input type="checkbox"/>
West Lothian Council	<input type="checkbox"/>	Housing Association	<input type="checkbox"/>

PLEASE NOTE THAT THE DECISION TO PROVIDE OR NOT PROVIDE PARKING FACILITIES RESTS WITH THE ROADS AUTHORITY. IT MAY NOT BE POSSIBLE TO CREATE SUCH A FACILITY IN SOME AREAS BECAUSE OF THE DISRUPTION THIS MAY CAUSE TO TRAFFIC.

I declare that to the best of my belief all the statements I have made on this form are true and I agree to the Local Authority contacting other agencies when necessary for the purpose of obtaining information to support my application

Signed	<input type="text"/>	Date	<input type="text"/>
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Any Additional Information.

FOR OFFICIAL USE ONLY	APPLICATION No. : _____
<u>Roads Authority</u> Recommendation	<u>Community Services</u> Recommendation
<input type="text"/>	<input type="text"/>
Signed <input type="text"/>	Signed <input type="text"/>