

# Special Issue Parking Permits Church Point Parking Permit 22/23



If you need help lodging your form, contact us		
Email	council@northernbeaches.nsw.gov.au	
Phone	1300 434 434	
Customer Service Centres	Manly	Dee Why
	Town Hall, 1 Belgrave Street Manly NSW 2095	Civic Centre, 725 Pittwater Road Dee Why NSW 2099
	Mona Vale	Avalon
	1 Park Street Mona Vale NSW 2103	59A Old Barrenjoey Road Avalon Beach NSW 2107

Office use only	
Form ID	4040
TRIM Ref.	
Last updated	June 2022
Business unit	Transport Network
Application no.	
Receipt no.	

Privacy Protection Notice	
Purpose of collection	For Council to provide services to the community
Intended recipients	Northern Beaches Council staff
Supply	If you choose not to supply your personal information, it may result in Council being unable to provide the services you seek
Access/Correction	Please contact Customer Service on 1300 434 434 to access or correct your personal information

Permits are valid from 1 September to 31 August each year
• Are only valid at the Pay and Display areas within the Church Point Precinct
• Availability of parking space is not guaranteed
• Replacement permits will only be issued where vehicle is sold, disposed of or due to windscreen damage
• Original permit number and proof of purchase is required
• By signing this application, you acknowledge these conditions

## Part 1: Fees

Resident - full year (1 Sept - 31 Aug)	\$554.00	Non-Resident - full year (1 Sept - 31 Aug)	\$1,129.00
Resident - half year (1 Mar- 31 Aug)	\$277.00	Non-Resident - half year (1 Mar - 31 Aug)	\$565.00
Postage and Handling	Standard Post - Please confirm you have a secure letter box as we do not take responsibility for lost or stolen items		No charge
	Registered Post - Tracking number will be provided		\$12

## Part 2: Applicant Details

First name			
Family name			
Business/organisation (if applicable)			
Residential address			
Suburb		Postcode	
Email address			
Postal address			
Suburb		Postcode	
Phone number		Vehicle registration number	
Signature		Date	

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ACCORDING TO PROCEDURES**

Credit Card Details			
Please charge my	<input type="radio"/> Mastercard	<input type="radio"/> Visa	<input type="radio"/> American Express
Amount	\$		

Name as appears on card															
Card Number															
Expiry Date															

Signature															
Daytime Phone Number															
Date															

Please note: Payment card surcharge of 0.5% applies

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