



Warringah Council

Community Groups Beach Parking Permit Application

Excludes Retirement Villages

ORGANISATION'S DETAILS

Name of Organisation _____

Phone Number _____

Address _____

Email Address _____

(Please note permits will be sent to this address)

Page ___ of ___

MEMBER'S DETAILS (please print)

In completing this form and signing this application, I am declaring that I am required to use the beach managed parking area to carry out my volunteer duties.

Reason requiring permit

	Name	Address	Position in Organisation	Signature	Reason requiring permit			If other, please provide further information
					Reside Outside Area	Non-Ratepayer living in Warringah	Other	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

TO BE COMPLETED BY A DULY AUTHORISED OFFICER (CLUB CAPTAIN OR SECRETARY)

As the responsible officer, I declare that I have checked the authenticity of the applicant's request and confirm that each of the above applicants/members are required to use the beach managed parking area to carry out their volunteer duties. I also confirm that the applicant(s) have not previously applied through this Community Group for this year's Beach Parking Permit.

Name _____

Signature _____

Position _____

Date _____

Please return this form to: Warringah Council 725 Pittwater Road DEE WHY NSW 2099 Email: council@warringah.nsw.gov.au Fax: 02 9971 4522

For Office Use Only

Date Received:

Date Permits Sent:

Permit Numbers:

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