Manly Council
Council Offices 1 Belgrave Street Manly
PO Box 82 MANLY NSW 1655 AUSTRALIA
Email: records@manly.nsw.gov.au web www.manly.nsw.gov.au
Phone 02 9976 1500 Fax 02 9976 1400

APPLICATION – DIGITAL DESIGNATED PARKING PERMIT

NOTE: Digital Designated Parking Permits are only valid on-street and in metered parking areas.

Rules apply – see Terms & Conditions, How To Use Your Digital Designated Permit or www.manly.nsw.gov.au/parking

APPLY:
In person at Manly Council, 1 Belgrave Street, Manly - Monday to Friday 8.30am to 5pm.
or
Mail to Manly Council, PO Box 82, MANLY NSW 1655 with copies of all documents in hardcopy.
or
Email to records@manly.nsw.gov.au with scanned copies of all documents scanned.
or
Fax to 02 9976 1400 with copies of all documents.

Your permits will be active within 14 days

APPLICANT DETAILS

Name:_____ Signature _____

Address: _____

Postcode: _____ Phone No: _____ Mobile:_____

Email: _____

APPLICATION BY A MANLY RESIDENT RATEPAYER

Manly ratepayers are entitled to up to 2 free permits per rateable property per year. So Council can validate your property ownership ***you must provide current copies of the following in your name at the same Manly address with your application***:

☐ **Rates Notice** or

☐ **Personal Identification** eg driver licence or vehicle registration.

APPLICATION BY A MANLY RESIDENT / TENANT

Manly residents are entitled to up to 2 free permits per residential property per year. So Council can validate your residency ***you must provide current copies of the following in your name at the same Manly address with your application***:

☐ Current tenancy agreement – valid to _____

☐ Driver's licence number: _____

☐ Electricity account or ☐ telephone account or ☐ gas account

ADDITIONAL PERMIT

☐ $500 Additional Non-resident/non-ratepayer permit

Fee Paid: $ _____

Receipt No.:_____ Receipt Code: 92

VEHICLE DETAILS

	License Plate (e.g. ABC123)	Vehicle Make (e.g. Ford)	Vehicle Model (e.g. Laser)	Vehicle Colour (e.g. Red)
First Vehicle				
Second Vehicle				

OFFICE USE

ATTACHMENTS: ☐ PROOF OF RESIDENCE

Assessment Number: _____

Customer Service Officer: Date: