



If you need help lodging your form, contact us		Office use only	
Email	council@northernbeaches.nsw.gov.au	Form ID	4040
Phone	1300 434 434	TRIM Ref	c002101
Customer Service Centres	Manly Town Hall, 1 Belgrave Street Manly NSW 2095	Dee Why Civic Centre, 725 Pittwater Road Dee Why NSW 2099	Last Updated July 2019
	Mona Vale 1 Park Street Mona Vale NSW 2103	Avalon 59A Old Barrenjoey Road Avalon Beach NSW 2107	Business Unit Customer Service
		Permit No.	<input type="text"/>
		Receipt No.	<input type="text"/>

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)	\$510.00	Non-Resident - full year (1 Sept - 31 Aug)	\$1,041.00
--	----------	--	------------

Part 2: Applicant Details

First name	<input type="text"/>		
Family name	<input type="text"/>		
Business/ organisation (if applicable)	<input type="text"/>		
Residential/ business address	<input type="text"/>		
Suburb	<input type="text"/>	Postcode	<input type="text"/>
Email address	<input type="text"/>		
Postal address	<input type="text"/>		
Suburb	<input type="text"/>	Postcode	<input type="text"/>
Phone number	<input type="text"/>	Vehicle registration number	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>

THIS PAGE IS BLANK

**ALL HARD COPIES TO BE DESTROYED
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: All credit card payments are subject to a 0.7% service fee

Office Use Only

**ALL HARD COPIES TO BE DESTROYED
ACCORDING TO PROCEDURES**