



CONTRACT PARKING APPLICATION FORM

Name of Car Park:

Applicant Name:

Company Name:

Address:

Postcode: **Contact Tel No:**

New Application: Yes/No

Permit No If Renewal: **Fob No :**

Make of Vehicle: **Colour:**

Registration Number:

Contract Period: 3 Months 6 Months 12 Months (Please Circle)

Start Date:

Amount Enclosed: £ **Cheque No:**

V.A.T Receipt required: Yes/No

Applicants Signature: **Date:**

Please make cheques payable to Wigan Council and return to: Parking Services
Places Directorate, Wigan Council, P.O.Box 100, Wigan. WN13DS

For Office Use Only:

Receipt No:
Processed By:
Date: