

## TVIR Resident Application for a Car Park access

Site: Modbury

### Personal details

Title: ..... Surname..... Given Name.....

Address: .....

.....Postcode: .....

Phone no's: Day time: ..... Work: ..... Mobile: .....

Do you currently hold a disability permit issued by the Road Transport Authority?  Yes  No

### Vehicle details

Vehicle Registration No: ..... Vehicle Make/Model: .....

Second Vehicle Registration No: ..... Vehicle Make/Model: .....

### Financial

<b>Deduction per 28 days GST inclusive</b>
\$43.18

**The 'rate' will be deducted by direct debit on a 28 day cycle.**

### Declaration and Agreement

I understand that payment for a parking space will be made using the Direct Debit Request system.

I understand the obligations as specified in the 'Direct Request Service Agreement'.

I understand that this amount may be varied annually in accordance with State Government Direction.

I understand that the onus is on the resident to advise any changes in his/her residential status.

I understand that while every effort is made to not over allocate parking spaces due to the nature of rotating shifts it can not be guaranteed that a car park will be available at all times.

I also understand that vehicles parked in the car park are parked at the owner's risk.

I declare that the information provided in my application is correct and undertake to comply with all hospital by-laws, rules and signage regarding parking areas, parking restrictions and traffic flow as directed and stated on sites.

Signature of Resident: .....

Print Name:.....Date: .....

Please note: A Direct Debit Form must accompany this application form

**NOTE - \$20 FEE APPLIES FOR THE REPLACEMENT OF LOST OR DAMAGED ACCESS CARDS**

**PERMIT LABEL TO BE DISPLAYED AT ALL TIMES NO EXCEPTIONS**

**ACCESS CARD AND PERMIT LABEL MUST BE RETURNED WHEN CEASING  
DEDUCTIONS FOR CAR PARKING**

**TVIR LONG TERM RESIDENTS ARE RESTRICTED FROM PARKING IN THE MAIN PUBLIC  
CAR PARK BETWEEN THE HOURS OF 0900 - 1700 MONDAY TO FRIDAY**

**PLEASE RETURN COMPLETED FORMS TO THE CAR PARKING OFFICER LOCATED AT  
MODBURY HOSPITAL**

**OFFICE USE ONLY**

Evidence of entitlement for use of Staff Car Parking

Resident Identification Cross Check:

Date of car park card and permit issue: .....