

VISITORS PERMIT SCRATCH CARD APPLICATION FORM

For 24 hour and 4 hour permits. Notes about completing the form are overleaf

1. Your name and	address:			
NAME				
ADDRESS				
POST CODE		TEL No		
E-MAIL ADDRESS				
2. Please supply a	a proof of residence - corres	spondance dated	within the last 3 mont	hs.
3. Please state ho	w many of each permit type	e you wish to purc	chase:	
24 hour permit	4 hour permit Books @ £10 Per Book Individual			
4 hour permit	Books @ £5 Per Book	Individual p	permits @ 50p each	
4. Please enter the	e total cost of visitor permit		areham Borough Council	
5. I certify that I ampurchase the permanent	m a resident of the address mits requested.	above and am en	titled to	
				_
6. Send in the App The Parking Offic Fareham Borough Civic Offices		quired documents	s and payment to;	
Civic Way			Cashier Stamp	7
Fareham				
PO16 7AZ	Telephone 01329 236100			
For enquiries: e-mail:	: parkingservices@fareham.gov.u	ık		
Please allow 7 days for permits to be issued.				
			Parking Date Stamp	1
OFFICE USE ONLY				
Permit Nos				
			1	

Data Processing Fair Processing Statement - Fareham Borough Council

The information that you provide is used to determine whether or not to cancel a Penalty Charge Notice. We have a duty to protect the public funds we administer and may use your information for the prevention and detection of fraud. The information may also be used for auditing, monitoring, statistical and other research. Some of the information we hold may be shared with other Council or Government departments, agencies and similar organisations (including law enforcement agencies) to enable them to perform their duties or for comparison purposes. The information we hold about you is normally retained for seven years after the end of the licence period. For further information about the National Fraud Initiative see www.fareham.gov.uk/dpnfi