



**Ceantar Bardasach Chaislean an Bharraigh
CASTLEBAR MUNICIPAL DISTRICT
Rate payers Application Parking Permit 2020**

1. Name & Address of applicant (Please print in block capitals)

2. Telephone No.: _____ Mobile No: _____

3. Address of commercial premises:

4. Rate Account number : _____

5. Registration number, make and colour of vehicle for which permit is required

6. **I confirm that I am the registered owner of this vehicle and I enclose
Current Insurance Certificate or Vehicle Licensing Certificate or Registration Book**

7. Please tick nominated Carpark: Castle St/Market Square Carpark
Spencer Street/Pavilion Road Carpark

I certify that I have discharged my rates bill for 2019 in full to Castlebar Municipal District and I wish to apply for one free parking permit for my vehicle as detailed above, for use in Castle Street carpark/ Market Square carpark or Spencer Street carpark/Pavillion road carpark.

Signed _____

Date: _____

FOR OFFICE USE ONLY

APPROVED FROM RATES DEPARTMENT

NAME: _____

DATE: _____

SIGNED: _____
(On behalf of Castlebar Municipal District

DATE: _____