					6
Office Use Only:					
Receipt Number:		Date Paid: _	/ /		
Heavy Veh	icle Storage Appli	ication For	m	Cardi	ınıa
Community Loca					
IMPORTANT:	Please note that the vehi obstructing any footpath		_	n the property, no	t
Applicant Detail	s (Please Print):				
Name:					
Postal Address: _					
Mobile:		Alternate Pho	one:		
Email Address:					
Location of Stor	age Address:				

Street Number: _____Street Name: _____

Postcode: Suburb: **Vehicle Details:** Make/Model: Registration Number: GVM: Requested Days and Times for Permit: WED THURS FRI SAT Days: (please circle) MON TUES SUN Times: _____pm **Payment Options:** ☐ Cheque or Money Cheques or money orders should be made payable to Cardinia Shire Council. □ Credit Card To pay by credit card please tick the box and a Customer Service officer will phone you for your details. **Submitting your Permit Application:** Supporting Documentation: (Please ensure the following is attached to the Application) ☐ Sketch or photo of requested location Disclaimer: I hereby undertake to comply with requirements of Cardinia Shire Council's Local Laws in relation to this permit application and any special conditions as required by an Authorised Officer of Council. Signature: Date: ____/___

Privacy statement: Personal information collected by Council is used for municipal purposes as specified in the Local Government Act 1989. The personal information will be held securely and used solely by Council for these purposes and/or directly related purposes. Council may disclose this information to other organisations if required or permitted by legislation. The applicant understands that the personal information provided is for the above purpose and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to Council's Privacy Officer on 1300 787 624 or mail@cardinia.vic.gov.au