



**PRIVATE CAR PARK POLICING
APPLICATION**

FULL BUSINESS NAME: _____

ADDRESS: _____

PHONE NO: _____ **FAX NO:** _____

CARPARK ADDRESS: _____

NUMBER OF BAYS: _____

**PERSON/S AUTHORISED
TO IDENTIFY VEHICLES:** _____

SIGNATURE: _____

DATE: _____

POLICING NOT REQUIRED

FULL BUSINESS NAME: _____

ADDRESS: _____

PHONE NO: _____ **FAX NO:** _____

CARPARK ADDRESS: _____

SIGNATURE: _____

*Office Use
Only*

Receipt Number: _____ Period: from _____ to _____