



CAR PARKING PERMIT APPEAL APPLICATION

Surname		Given Name	
Title	Mr/Mrs/Ms/Dr/Miss/Other (please specify)	Contact Number	
Position Title		Department	
Organisation			
Email Address			

- Any supporting documents should be attached / included with this form.
- The Parking Permit Appeals Committee is comprised of individuals not involved in the initial application assessment process. They will consider all evidence provided by the appellant and MAPD staff when making their decision.
- Only the Parking Permit Appeals Committee has the authority to overturn a decision to restrict parking access based on the Metropolitan Access and Parking Strategy (MAPS),
- A staff member can only appeal to the Committee once, unless there has been a significant change in circumstances since the first appeal.

Reason for Appeal: (Please tick)	<input type="checkbox"/>	Business/Work Purposes (Supervisor to endorse)
	<input type="checkbox"/>	Health Reasons (medical certificate required)
	<input type="checkbox"/>	Family Reasons (e.g. Primary Carer)
	<input type="checkbox"/>	Other
	<input type="checkbox"/>	

Applicants Signature _____ **Date** _____

If you have any queries or require any further information regarding the completion of this Application Form, please call 1800 753 191 or email parking@health.wa.gov.au

PLEASE RETURN TO: A: MAPD, PO Box 1135, Osborne Park DC, WA 6916 **F:** (08) 9225 3933
E: Parking@health.wa.gov.au