



**APPLICATION FORM**  
**FOR A PUBLIC SECURE ACCESS CAR PARK PASS**  
**"24hour-7day Multi-PASS" (24/7)**  
*Using the "TRANSPONDER PASS"*

**Section A**

Name of Person responsible for Parking Pass

**Mr/Mrs/Ms:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Postcode:** \_\_\_\_\_ *\*\*All areas must be completed\*\**

**Work Tel:** \_\_\_\_\_ **Home Tel:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Section B**

**A deposit of £25 per pass "Transponder" is required**

A full refund of deposit is issued upon cancellation and **RETURN** of the transponder and the key card.

**A REFUND WILL NOT BE ISSUED UPON NON RETURN OF THE CAR "TRANSPONDER"**

**Cost of 24/7 pass (SUB TOTAL) £** \_\_\_\_\_ **+ £25 deposit. TOTAL=** \_\_\_\_\_ (VAT Inc)

I agree to abide by the issued conditions of use.

**Parking Administration**  
**Tel: 01482 614862**

Signed .....

Date .....

Please return this form with the appropriate remittance to: 1<sup>st</sup> Floor, Festival House, 93 Jameson Street, Hull, HU1 3JJ

No. TRANSPONDER	_____	Car Park:	_____
No. PED. KEY Card	_____	Expiry Date:	_____
Date of pass issued	_____	Account Ref:	_____
		Date received paper work:	_____
		Deposit paid:	_____