



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

Section A

Name of Person responsible for Parking Pass

Mr/Mrs/Ms: _____ Surname: _____

Address: _____

City: HULL 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 the 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)

YOU MUST PROVIDE PROOF OF RESIDENCY WITH YOUR APPLICATION FORM (i.e. Council Tax Bill)

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: Parking, Festival House, 93 Jameson Street, HULL HU1 3JJ

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|-------------------------|-------|---|-------|
| FOR OFFICE USE ONLY | | <i>Please do not write in this area</i> | |
| No. TRANSPONDER | _____ | Car Park: | _____ |
| No. PED. KEY Card | _____ | Expiry Date: | _____ |
| Transponder date issued | _____ | Account Ref: | _____ |
| Resident's pass No: | _____ | Date received paper work | _____ |
| | | Deposit Paid | _____ |

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