



**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**

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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