



APPLICATION FOR PARKING EXEMPTION FUNDRAISING ORGANISATIONS

Organisation Details

Organisation name: _____

Contact person: _____

Address: _____

Telephone Number: (home) _____ (work) _____ (mobile) _____

Email address: _____

Area where vehicles will be parked: _____

Number of exemption cards required: _____

Date/s of Activity (*start and finish date/s*): _____

Time/s of Activity (*start and finish time/s*): _____

Detailed Description of Activity:

Signature: _____ Date: _____