

Private Bag 9023, Te Mai, Whangārei 0143, New Zealand P +64 9 430 4200 | 0800 WDC INFO | 0800 932 463 E mailroom@wdc.govt.nz www.wdc.govt.nz/ContactUs

## Whangārei District 70+ parking fee exemption card application

If you are a resident of Whangarei aged 70 and over, you can apply for a parking fee exemption card. This allows you to park free of charge at any Council carpark in Whangarei, with the exception of the following locations:

- 1. Wilsons carpark on John Street
- 2. Hospital carpark
- 3. the carpark next to Whitecross.

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Submit	vour a	pplication	n
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Signed:

Submit you	r application
In person:	By visiting one of our Customer services centres at either:
	Te Iwitahi, 9 Rust Avenue, Whangārei
	<ul> <li>Ruakākā Service Centre, Takutai Place, Ruakākā</li> </ul>
	Service centre at isite, 92 Otaika Road, Raumunga
By post:	Whangarei District Council Private Bag 9023 Te Mai Whangārei 0143
By email:	mailroom@wdc.govt.nz
Your details	Card no:
Name:	
Postal addres	ss:
Driver's licen	
Driver's liceno	
Vehicle regist	ration number:
Conditions	
exemption ca	ee exemption entitles you to park the vehicle, referred to above and printed on the rd, free of charge at any Council car park in Whangārei for the maximum time he meter or car park.
or another ve	on applies only to you personally and cannot be used by or transferred to anyone else hicle and you must be a permanent resident of Whangārei District. (One card may be uple if both drivers are over 70 years of age).
	ce is not renewed or you decide to give up driving or if you're planning to sell, you MUST return this card to Customer Services, Whangarei District Council.
If you change	the vehicle you drive, please contact Customer Services to amend your card.
	he parking fee exemption card be displayed in the supplied window sleeve on the left the windscreen in a location not obstructing your vision.
This does no	ot allow you to park in any disability parking or any other prohibited space.
Please prese	nt your driver's licence and proof of your address when applying.
☐ I have rea	d and agree to the above conditions.
Name: (plea	se print)

Date: