

APPLICATION FOR KEEP CLEAR MARKING

TO BE COMPLETED IN BLOCK CAPITALS

Medway Council
Front Line Task Force
Development & Environment Directorate
Compass Centre
Pembroke
Chatham Maritime
Chatham
Kent, ME4 4YH

PART I - PARTICULARS OF APPLICANT

(a) (Mr. Mrs. Miss Ms.) SURNAME: _____

(b) FORENAMES (in full) _____

(c) ADDRESS: _____

Post Code: _____ Tel. No: _____ Date of birth: _____

(d) How long have you resided at this address? _____

PART II -DISABILITIES IF APPLICABLE

(a) Nature of disabilities: _____

(b) Are you the holder of a current Orange or Blue Badge? YES / NO

Number: _____ Expiry Date: _____

If "NO", give details of Orange or Blue Badge holder: _____

If yes please attach copy of proof

PART III – TO BE COMPLETED BY ALL APPLICANTS

I apply for the keep clear marking to be installed and declare that all information I have given in this application is correct.

I am prepared to pay the full cost of providing the marking.

Signature: _____ Date: _____