



**Wandsworth Council**  
Environment and Community Services

(Office use only)  
Reference  
Number: \_\_\_\_\_



## Disabled Parking Bay Application

### Your details

Full name: Mr/Mrs/Ms/Miss \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Email: \_\_\_\_\_

Vehicle registration: \_\_\_\_\_ Are you the owner  
of this vehicle? \_\_\_\_\_

If not, please give name & address of owner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Declaration

I confirm that I have read and understood the criteria for this application and understand that if this application is granted and the bay is installed near my home, it is an 'informatory bay' only and cannot be enforced.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## 'Informatory' Disabled Parking Bay notes

Please read the following notes before completing your application form, then detach this section and keep it for your records.

### Requirements

You must be a holder of a valid Blue Badge, and provide a copy of your Blue Badge with your application.

You should provide a copy of the Vehicle Registration Document (V5C) as proof of ownership of the vehicle for which the bay is intended. If the vehicle is a Motability vehicle please provide a copy of the Motability lease agreement.

**You should ensure that your application form is completed, signed and stamped by your doctor.**

### The process

Detach the completed application form and send it, together with relevant documents, to: **Wandsworth Council, Environment and Community Services Department, 2nd floor Civic Centre, 44 York Street, Twickenham, London, TW1 3BZ.** You will receive confirmation of receipt within a few days.

The details of your application will be checked to confirm eligibility and a council officer will investigate the parking difficulties in your road. Under certain circumstances however, such as where there are waiting restrictions or in narrow streets, a disabled bay may not be granted.

You will be notified of the result of your application within 28 days. If it is approved, the bay will be installed within four weeks from the date of notification.

### Advice and assistance

The parking bay that you have applied for is an 'informatory' disabled parking bay, which means that the bay is advisory and therefore unenforceable.

The bay will be marked with white lines and will measure approximately 5.5 metres by 2 metres, with the legend 'DISABLED' written alongside it.

**This bay may be used by any Blue Badge holder.**

Information on any matter relating to this application is available from the council's Customer Centre in Wandsworth High Street, or telephone (020) 8871 8871.



If you have questions about this form or if you need it in a different format (for example, large print) please phone (020) 8871 8871.

trafficandengineering@richmondandwandsworth.gov.uk

## Doctor's statement

Certain persons who hold a valid blue badge may be considered for the provision of an informatory disabled parking bay near to their home. The applicant may qualify for a bay if his or her doctor completes and signs the statement below to certify the severity of the applicant's disability or the severity of the risk to the applicant's health through the exertion of walking.

### Please note:

**The increase in the number of bays and misuse in the past has led to a reduction of the value of this facility and has resulted in stricter rules for qualification. In order that public acceptability is maintained, it is important that only the most severe cases are offered a disabled parking bay.**

### Please tick where applicable:

Patient's name: \_\_\_\_\_

I certify that the severity of the condition is such that:

He or she is permanently and substantially disabled, which results in an inability to walk, or considerable difficulty in walking.

OR

The exertion required to walk may, in itself, constitute a risk to his or her health.

In my opinion, this patient is unable to walk or would be advised not to walk a distance of more than \_\_\_\_\_ metres.

Doctor's name: \_\_\_\_\_

Surgery address: \_\_\_\_\_

Doctor's signature and stamp: \_\_\_\_\_

Date: \_\_\_\_\_

