

WAIVER REQUEST APPLICATION FORM

Name:

Address:

Post Code:

Company Name:

Company Address:

Post Code:

Contact Name:

Tel No:

Vehicle Registration Mark:

Reason for Waiver:

Parking Restriction:

Location:

Date/s required:

From:

To:

Signed:

Date:

Waiver Cost - £16.56 per 7 days (*initial period £7.93 per day after the initial period - extension*)

This form is an application only and does not award concessions for parking. Please submit the completed form to sandwell.permits@apcoa.com to obtain a valid Waiver which will then provide the appropriate dispensation, following receipt of payment.

**Parking Control Office, C/O Sandwell MBC, Council House, Freeth Street, Oldbury,
B69 3DE**

Tel: 0121-569-4330