



In person: 104 Hovell St, Wodonga, VIC 3690

Phone: (02) 6022 9300

Post: PO Box 923, Wodonga, VIC 3689 **Fax:** (02) 6022 9322 **Email:** info@wodonga.vic.gov.au

Number of labels required: _____

A permit will not be issued unless all details on the application are completed. Please use **BLACK** pen.

To be completed by the organisation	Organisation name:			
	Name of individual who will take responsibility for permit:			
	Unit number:	Street number:	Street name:	
	Suburb:	State:	Post code:	<input type="text"/>
	Phone (work):		Phone (home):	
	Mobile:		Fax:	
	Email:			
Types of disability experienced by the passengers regularly transported by your organisation				
For what purpose of the permit to be used?				

PLEASE NOTE: Should your organisation require more than one label, please provide details of your request in writing.

<p>Declaration This form must be signed by the person making the request.</p> <p>Remember it is against the law to provide false or misleading information, which could result in a fine.</p>	<p>I make this declaration in the firm belief that all the information provided on this form is, to the best of my knowledge, true and correct and I am aware that false declarations may be punishable by law. I will comply with the 'conditions of use' for the permit. If my circumstances change in any way likely to affect my eligibility for the permit, I agree to notify the issuing authority within fourteen (14) days. I further agree that the permit remains property of Wodonga City Council and will be returned within seven (7) days of notification of such permits being required.</p>		
	Name:		
	Signature:		
	Date: / /		

Office use only	
<input type="checkbox"/> Renewal	<input type="checkbox"/> New application
Expiry date:	Label number: