



75+ PARKING PERMIT APPLICATION FORM

This permit is only valid for the applicant and expires one year from the date of issue.
Proof of age is required eg, photocopy of Drivers License.

Name: _____

Address: _____

Postal Address: _____

Phone Number: _____

Drivers License Number: _____ Date of Birth: _____

Please Select:

Please call me to collect

Please mail out to me

Contact Details:

Queenstown Lakes District Council
10 Gorge Road, Private Bag 50072
Queenstown 9348

Phone: 03-441 0499

Email: services@qldc.govt.nz

Web: www.qldc.govt.nz

OFFICE USE ONLY

Signature: _____ Date: _____