



# Waitaki

DISTRICT COUNCIL  
TE KAUNIHERA Ā ROHE O WAITAKI

## PARKING SPACE BOOKING

Full name: .....

Organisation (if applicable): .....

Postal address: .....

.....

Phone number: .....

Location of parking space: .....

Nature of work: .....

.....

Please specify how many parks you require:  1  2  3  4  Other: \_\_\_\_\_

Type of permit required:  1 day  3 month

1 week  6 month

1 month

Start date: ..... End date: .....

Signature: .....

### Parking fees

Parking fees apply as per the current schedule of fees and charges.

#### OFFICIAL USE ONLY

Council Officer Signature: .....

Fee: \$ ..... /or Invoice

Receipt #:

PARKING PERMIT ISSUED:

*Please return this application to Waitaki District Council, 20 Thames Street, Private Bag 50058, Oamaru 9444  
Phone 03 433 0300 Email service@waitaki.govt.nz*