



APPLICATION FOR A PUBLIC CAR PARK PASS

Company Name: _____

Name of Person/Company responsible for payment Mr/Mrs/Ms _____

Address: _____

_____ Postcode: _____ Tel: _____

	Name of Passholder(s)	Vehicle Registration Number(s)
1.	Mr/Ms _____	_____ / _____
2.	Mr/Ms _____	_____ / _____
3.	Mr/Ms _____	_____ / _____
4.	Mr/Ms _____	_____ / _____

George St. Multi Storey. Pryme St Multi Storey, Osborne St. Multi Storey, Francis St. surface,

I/We agree to abide by the issued conditions of use.

Signed _____

Date _____

**The cost of each pass is £600.00 per year VAT inclusive.
Please return this form with the appropriate remittance to:**

**Parking administration
Festival House
93 Jameson Street
Hull
HU1 3JJ**

**Tel: 614 862
E-mail: parking@hullcc.gov.uk**

FOR OFFICE USE ONLY		<i>Please do not write on the below area</i>	
No. of Pass(es) issued	1. _____	Car Park	_____
	2. _____	Expiry Date	_____