



APPLICATION FORM
FOR A PUBLIC SECURE ACCESS CAR PARK PASS
"24hour-7day Multi-PASS" (24/7)
Using the "TRANSPONDER PASS"

Section A

Name of Person responsible for Parking Pass

Mr/Mrs/Ms: _____ **Surname:** _____

Address: _____

Postcode: _____ ***All areas must be completed***

Work Tel: _____ **Home Tel:** _____ **Mobile:** _____

Section B

A deposit of £25 per pass "Transponder" is required

A full refund of deposit is issued upon cancellation and **RETURN** of the transponder and the key card.

A REFUND WILL NOT BE ISSUED UPON NON RETURN OF THE CAR "TRANSPONDER"

Cost of 24/7 pass (SUB TOTAL) £ _____ **+ £25 deposit. TOTAL=** _____ (VAT Inc)

I agree to abide by the issued conditions of use.

Parking Administration
Tel: 01482 614862

Signed

Date

Please return this form with the appropriate remittance to: 1st Floor, Festival House, 93 Jameson Street, Hull, HU1 3JJ

No. TRANSPONDER	_____	Car Park:	_____
No. PED. KEY Card	_____	Expiry Date:	_____
Date of pass issued	_____	Account Ref:	_____
		Date received paper work:	_____
		Deposit paid:	_____