Ranger Services

APPLICATION FOR PERMIT 2025-26



Permit Type Date(s) Required APPLICANT DETAILS Name	From t	o/
APPLICANT DETAILS	From/t	
		Phone
Name		Phone
Address		Postal Address (if different)
Email address		,
VEHICLE DETAILS (max	kimum of 2 vehicles)	
Make / Model		Registration
Make / Model		Registration
LOCATION		
No. of Bays		
REASON(S) PERMIT IS	REQUIRED	
	OT BE ISSUED FOR LOADING BAYS, T	AXI BAYS, 15 & 30 MINUTE BAYS OR ACROD BAYS
Permit Conditions: 1. Permit is to be displayed	Lin vohicle at all times, and	
	ngaged in a business activity on beha	lf of the Permit holder;
I have read and understo	ood the conditions as detailed above,	and will comply with those conditions at all times.
Applicant's Signature		Date
a Temporary Parking Pe		pon approval of the Permit application. The fee for 4 per day (or part thereof) after the first day. If he has been completed.
Office Use Only Application APPROVED:	YES □ NO □	Date Approved:

All Communications to:

Authorised Officer Name

T (08) 9781 0444 E city@busselton.wa.gov.au Locked Bag 1 Busselton WA 6280 www.busselton.wa.gov.au

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Authorised Officer Signature