



Request for a New Residents' Parking Area

Contact Name:..... Day Phone:.....

Address:.....

Suburb:..... Date:.....

Email:

Proposed Residents' Parking Area

Street(s):.....

Please tick one:

- Total length of street, or:
- From No..... To No

Description of Issue

Please describe the problem and cause of residents' concerns:

(Please use separate sheet if required)

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- How many parking permits would be required for the new zone?
.....
- Have you obtained the consent of 75 percent of residents in the affected area?

Yes / No (circle one)

(Please attach signed survey forms)
- Is your property in the Residential zone as defined by the District Plan?

Yes / No (circle one)

Please return forms to:

Local Area Traffic Engineer
Wellington City Council
PO Box 2199
Wellington 6140