



# Parking Permit Application form

I wish to apply for a parking permit for Cuerden Valley Park Trust car parks.

Title: Mr/Mrs/Miss/Other .....

Name: .....

Address: .....

.....

Postcode: .....

Telephone No: .....

Email: .....

Vehicle registration No 1: .....

Vehicle registration No 2: .....

I agree to abide by the conditions set out below and I am happy to be contacted by the Park in connection with my Parking Permit.

I prefer to be contacted by email / phone (delete as appropriate).

Signed: .....

Date: .....

Conditions:

1. The permit is valid in all Cuerden Valley Park Trust car parks for 24 hours per day, but does not guarantee a parking space.
2. Permits are only valid for the vehicle/s to which it is issued. If you change your vehicle you must contact the park office straightaway so that your details can be updated.
3. If the permit is for more than one vehicle, they must both be registered at the same address and only one vehicle should be in the car parks at any one time.
4. To cancel your permit please contact [admin@cuerdenvalleypark.org](mailto:admin@cuerdenvalleypark.org) giving 14 days' notice.

Send completed application form to:

Parking Permits  
Cuerden Valley Park Trust  
The Visitor Centre  
Berkeley Drive  
Bamber Bridge  
PR5 6BY

Email: [admin@cuerdenvalleypark.org](mailto:admin@cuerdenvalleypark.org)

# Standing Order Mandate

To: ..... Bank

Address: .....

..... Postcode: .....

**Please pay:**

Beneficiary's name: Cuerden Valley Park Trust  
Bank: Co-operative Bank  
Sort Code: 08-92-99  
Account Number: 65377273

**The Sum of:** (£17 per month / £50 per quarter / £200 annually)

£..... (amount in figures) ..... (amount in words)

Commencing immediately and thereafter at monthly/quarterly/yearly intervals (delete as appropriate)

Until you receive further notice from me/us in writing.

**Quoting Ref:**

Permit (name) ..... And debit my/our account accordingly.

Please cancel any previous standing order or direct debit in favour of the beneficiary named under this reference.

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**Account to be Debited:**

Account name: .....

Bank: .....

Sort Code: .....

Account Number: .....

Signature(s)\*: .....

.....

Date: .....

\*Please ensure this form is signed in accordance with your bank account mandate.

Send completed mandate direct to your bank