



Request for Parking Restriction Changes

For your request to be considered please complete all sections of this application form, including name, address and signature of at least four residents/businesses who will be impacted by the restrictions and support the application.

APPLICANT DETAILS

Name _____

Residential Address _____

Contact Number _____ Email Address _____

Signature _____

LOCATION AND DETAILS OF PARKING RESTRICTIONS

Street Address/Location (e.g. Example Road between Street One and Street Two) _____

Suburb _____ Post code _____

Times when issues are occurring (e.g. weekdays, evenings, weekends) _____

Parking restriction requested (e.g. 2-HOUR, PERMIT ZONE) _____

Requested operating times (e.g. 9am to 6pm) _____

If you would like to provide more detail, please attach a separate page to your application.

SUPPORT FOR THIS APPLICATION

Please provide the name, address and signature of at least four residents/businesses, from separate addresses, who will be impacted by the restrictions and support the application.

Name _____

Address _____

Signature _____

Name _____

Address _____

Signature _____

Name _____

Address _____

Signature _____

Name _____

Address _____

Signature _____

Name _____

Address _____

Signature _____

Submit your application

IN WRITING:

Attention: Transport and Parking
City of Stonnington
PO Box 58, Malvern 3144

EMAIL:

council@stonnington.vic.gov.au

IN PERSON:

Stonnington City Centre 311 Glenferrie Road, Malvern
Monday to Friday, 8.30am to 5pm

Stonnington Services and Visitor Centre

Prahran Square (cnr Chatham and Izett streets), Prahran
Monday to Friday, 8.30am to 5pm | Saturday, 11am to 3pm