

St Mawes Car Park - Reserved Parking Application Form

Please return to Helen Couch, Parish Clerk E-mail: parishclerk@stjustinroseland-pc.gov.uk Millennium Rooms, The Square, St Mawes, Truro, TR2 5AG Tel: 01326 531947

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	Details	
Full Name:		
Address:		
Postcode:		
Telephone Number:		
Email Address:		
☐ Proof of permaner ☐ Copy of valid drivi ☐ Confirmation of p o	ermanent residency (e.g. council tax bill, utility bill)	eland Parish
rtease state your rea	ison(s) for requesting a reserved parking space in the St Mawes Car Park.	
Declaration		
	ormation provided in this application is accurate and complete. I understand nformation may result in my application being refused or an existing permit b	
Signature:		
Date:		