

Garage or parking post bidding form

Please print in block capitals if you are not filling this form in electronically. If you wish to rent multiple garages, please fill in a new form for each garage you wish to rent (multiple vehicle ownership documents must be submitted if your application is successful).

Signed:	Date:	Date:		
I declare that the information (if sending this electronically, pleas				
the email or telephone number closing date. You will have 48 ho garage / parking bay tenancy. If	you have provide ours from when we we do not hear	are successful in your application we ed on this form – this may be up to we contact you to let us know if you from you, we will assume that you parking post may be offered to the	a week follow u wish to take no longer wish	ving the up the n to
Are you a blue badge holder? NB: Blue badge holders have the highest priority for garage allocation. If you answer 'YES', you must supply a photocopy of your badge and enclose this with your application form.				
If 'YES', please write the number he			VEC	NO \square
Do you already rent a garage or parking post?			YES	NO 🗌
If 'YES' are you the registered tenant?			YES	NO 🗌
Is your home rented from Norwich City Council? NB: If 'YES', you may qualify for a lower rent, but applications are only considered if the tenancy is free of arrears.			YES	NO 🗌
*We will contact you using these det Please answer the foll				
National insurance no:	Driving licence no:			
		Email*:		
		Postco		
		e:		
Your details (all fields ar	•			
Third choice (optional)				
Second choice (optional)				
Your first choice				
Garage/parking post	Number	Street name		

Please return the form by email to garages@norwich.gov.uk or post it to garage allocations, Norwich City Council, City Hall, St Peters Street, Norwich, NR2 1NH.

Equality monitoring form

We believe everyone should have equal and fair access to services and facilities. We aim to prevent anyone being discriminated against. To help us make sure we are meeting these aims please complete the section below.

You do not have to answer these questions. If you choose not to answer these questions it will not make any difference to the service you receive.

The information you provide will be only used for monitoring and is strictly confidential.

Date of hinth			
Date of birth			
Gender Male Female	Decline to answer		
First part of postcode eg NR1			
Ethnic group			
White	Black/African/Caribbean/black British		
English/Welsh/Scottish/Northern Irish/British	African		
☐ Irish	Caribbean		
Any other white background Please specify	Any other black/African/Caribbean backgroundPlease specify		
Mixed/multiple ethnic groups	"		
White and black Caribbean	Gypsy/Traveller		
White and black African	☐ Romany Gypsy		
☐ White and Asian	Traveller – Irish origin		
Any other mixed/multiple ethnic background Please specify	Traveller – other Please specify		
Asian and Asian British	Other ethnic group		
Indian	Arab		
Pakistani	Any other ethnic group		
Bangladeshi	Please specify		
Chinese			
Any other Asian background Please specify			
Decline to answer			
Do you consider yourself as having a disability?	☐ Yes ☐ No ☐ Decline to answer		