

SEASON TICKET APPLICATION FORM

Please complete all sections of this form in block capitals and return it to:
Parking Services, Maidstone House, King Street, Maidstone, Kent, ME15 6JQ.

This application must arrive at the Parking Services office **10 DAYS** before the commencement date indicated below

Name: _____

Address: _____

_____ Post Code _____

Daytime contact telephone number _____

Vehicle Registration Number _____

		TICK BOX
3 MONTH 5 DAY WEEK (MON – FRI)	£230.00	<input type="checkbox"/>
3 MONTH 6 DAY WEEK (MON – SAT)	£280.00	<input type="checkbox"/>
6 MONTH 5 DAY WEEK (MON – FRI)	£405.00	<input type="checkbox"/>
6 MONTH 6 DAY WEEK (MON – SAT)	£500.00	<input type="checkbox"/>
12 MONTH 5 DAY WEEK (MON – FRI)	£710.00	<input type="checkbox"/>
12 MONTH 6 DAY WEEK (MON – SAT)	£860.00	<input type="checkbox"/>

Commencement date for Season Ticket _____

Car Park most frequently used _____

If this form is incorrectly or partially completed, or if payment is not enclosed, the issue of your season ticket may be delayed.

Payment should be made payable to Maidstone Borough Council or alternatively complete the debit card section below.

(Please note we are unable to accept credit card payments)

Card Number _____ (switch card No's only)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Valid From Expires End Issue No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please debit my above account the amount of £

Signed _____ Dated _____

For details of refund availability on Season Tickets, please visit www.maidstone.gov.uk or write to Parking Services at the above address.

A £10.00 Administration Charge will apply to replace a lost, stolen or damaged Season Ticket.

PARKING HELPLINE 01622 602377 (FAX No: 01622 690721)