RESIDENTIAL CARERS CARD APPLICATION FORM



Tel: 01865 815649 ● Email: parking@oxfordshire.gov.uk

Please return this form to; Civil Enforcement Team, Ron Groves House, 23 Oxford Road, Kidlington,

Oxfordshire, OX5 2BP

NEW APPLICATION 🖵	RENEWAL APPLICATION 💆

New applicants MUST provide a letter from their General Practitioner (GP) to support this application

VOLID DETAILS						
YOUR DETAILS				FOR OFFICE		
Title	Mr Mrs Miss Ms Other D	If other please	state:	USE ONLY		
Forename	Nick			Desidence.		
Surname	Reignger			Residency		
Full address details	3 Spindleberry Close, Oxford OX4	4 6DU				
Date of Birth	28/07/1966					
Age	55			Doctors Letter		
Tel number	01865 517089			 Yes □		
Mobile number	07407070109			Not needed		
Email address	nick.reignger@gmail.com					
the second alloca	ver 17 years can apply for one allocation (of 25 c tion in the permit year (6 months after first app rs and above do not pay on production of proof	lication), charg	•			
Tick if required	Yes No 🗖			Carers Card		
				197\		
RESIDENTIAL CA	ARERS CARD					
	generally issued for a period of 12 months but s our GP to confirm the length of period required	· · · · · · · · · · · · · · · · · · ·	uire a shorter			
Length required 12 months Other I If other please state Period:			Visitor Permits			
	limited to a maximum stay of 3 hours at any one ask your GP to confirm this in writing.	e time. Should	you require 24			
Time required	3 hours 24 hours					
				Reference		
DECLARATION I can confirm to t	he best of my knowledge, all the details on the	form are corr	ect.			
Signature	Onlypi.	Date	14.02,22			