



Disabled Persons' Parking Places (Scotland) Act 2009 Response Form

Item No.	Question	Response
1	Business name	
2	Business address	
3	Post code	
4	Contact phone number (optional)	
5	Contact e-mail address (mandatory if returning the completed form as an attachment to an e-mail)	
6	Does the Business/Owner have a car park allocated to the premises at the above detailed address?	Yes/No
7	Do the public have access to the car park?	Yes/No
8	If the answer to question 7 is <u>Yes</u> , then how many disabled persons' parking places are provided in the car park?	
9	Would you wish the Council to enforce disabled persons' parking places at the above detailed address?	Yes/No

Name **Position**

Signature **Date**

For office use only

Date received	Date - / /
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