

GEORGE ELIOT HOSPITAL NHS TRUST

APPLICATION FOR PARKING PERMIT *

Please note this form should not be used if you are on the George Eliot Hospital payroll *

Dr/Mr/Mrs/Miss/Ms. Full name _____

Department _____ Job title _____

Contact number whilst on site _____

Vehicle Registration number(s) _____

(Up to 5)

Is this permit for: 2 months (minimum)

3 months

6 months

12 months

Payment can be made by one of three methods:

1. By card. We can accept card payments at this office.
2. By cash *
3. By Cheque * Please make payable to George Eliot Hospital NHS Trust.

Payment by these methods * should be taken to the Finance Department in Lewes House and the receipt should be brought to the Estates office along with this form.

This permit is valid for 2, 3, 6 or 12 months and is **not** subject to a refund for any unused time on it. This permit is issued as a concession to non - George Eliot Staff working on site, rather than paying for parking in the visitors' car park.

I agree to abide by the terms and conditions on which this car parking permit is issued.

Signed _____ Date _____

For office use only

Permit type _____ Permit number _____

Valid from _____ Expiry date _____

Receipt/authorisation number _____