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**Request Form for Visitor/ Patient Concessionary Parking Permit**

**NB** - Refunds of payments already made cannot be reimbursed

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| --- | --- | --- | --- |
| **Name of applicant:** |  | | |
| Car registration: |  | | |
| Contact number: |  | | |
| Patient’s name: |  | | |
| Ward / dept: |  | | |
|  | | | |
| **Concession:** Patients and visitors attending at least twice per week can apply for a weekly or monthly permit. This will need to be confirmed by the ward or clinic you visit. | | £16 per week |  |
| £48 per month |  |
|  | | | |
| **To be completed IN FULL by the ward / dept** | | | |
| Ward / dept name: |  | | |
| Expected length of permit: |  | | |
| PRINT NAME: |  | | |
| Job title: |  | | |
| Telephone number: |  | | |
| Signature: |  | | |
| Date: |  | | |

* When this form has been completed by the ward please take it Main Reception.
* Main reception will issue the parking permit.
* Purchase your ticket from the Pay & Display machine and attach it to the permit and display in the windscreen.
* Alternatively, pay by phone and show payment confirmation to Reception.
* The permit must be approved and have the appropriate stamp.

Applicants must take the completed authorised form to:

Stamp here

The Cashiers Office by main reception at Watford General Hospital,

or the Security Office at St Albans and Hemel Hempstead hospitals

for a permit to be issued.