

Application for Season Ticket – Herefordshire Council Car Parks

Applicant Details -

FULL NAME (MR/MRS/MISS/MS)

ADDRESS

..... POST CODE.....

Daytime contact no: E-mail Address:

Season Ticket Requirement (please refer to Guidance Notes) -

NAME OF TOWN

NAME OF CAR PARK

DURATION: ANNUAL QUARTERLY **Please return this form:**

By post to: Revenue Services, Herefordshire Council, P.O. Box 224, Hereford, HR1 2XW

By e-mail to: invoices@herefordshire.gov.uk

By hand to: any Customer Service Centre (see Guidance Notes for locations)

For Official Use only:**(Please send the completed form to the Revenues Team, H26 to be processed)**

DATE OF ISSUE: _____

SEASON TICKET NO: _____

ACCOUNT: _____

ISSUING OFFICER: _____

DATE: _____