

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

Your Details

Business Name

Business Address

Postcode

Contact Telephone No

Email Address

- 1 Do you have a car park allocated to your business? Yes / No
- 2 Do the public have access to your car park? Yes / No
- 3 Does your car park have any disabled persons' parking places? Yes / No
- 4 How many disabled parking places are located within your car park?
- 5 Can you confirm that your road markings and signage for the disabled parking places meet the standard as set out in the TSRGD 2002? Yes/No
- 6 Do you wish the Council to enforce disabled persons' parking places within your car park? Yes / No
- 7 In order for the Council to enforce the disabled persons' parking places it requires access to your car park. Do you give permission for Council staff, its enforcement contractor and their vehicles to enter your car park at the above detailed address? Yes / No

Contact and Signature

Name **Signature** **Date**