**SURRENDER OR SUSPENSION OF PERMIT FORM**

This form must be completed *IN FULL* by the applicant and returned to the

Car Parking Office, Ground Floor of the Main Entrance Car Park, Blackpool Victoria Hospital,

Whinney Heys Road, Blackpool, FY3 8NR

**Please note that I wish to:**

**Surrender my parking permit: Reason:……………………………...**

**Suspend my parking permit: Reason:………………………………**

**PERMIT TYPE:……………………………………………………………………………………...**

**CAR REGISTRATION(S):………………………………………………………………………….**

**NAME:………………………………………………………………………………………………..**

**DEPARTMENT:……………………………………………………………………………………..**

**PAYROLL NUMBER:………………………………………………………………………………**

**PAYBAND:.............................................................................................................................**

**DATE:…………………………………………………………………………………………………**

**SIGNATURE:………………………………………………………………………………………...**

## FOR OFFICE USE ONLY

### Permit Cancelled: Permit returned: Emailed to Payroll: