



CORK CITY COUNCIL
COMHAIRLE CATHRACH CHORCAÍ

Roads & Transportation Directorate
Tel: 021 4924151/4924420/4924295

Transportation Division
email: parkingpermits@corkcity.ie

MEDICAL REPORT SPECIAL PERMIT APPLICATION
TO BE COMPLETED BY DOCTOR

Patients Name:

Patients Address:

Brief Description of Illness:

Does the above person suffer from a chronic illness? Yes/No (Please circle as appropriate)

Does the above person require ongoing daily care? Yes/No (Please circle as appropriate)

Doctor's Comments (If applicable)

Doctor's Signature: _____

Doctor's Name: _____

Doctor's Address: _____

N.B. Original Medical Reports can only be accepted by staff

DOCTOR'S STAMP

DATE: _____