

# Parking Permit Allocation for Disability Access

Date: [Insert Date]

Recipient Name: [Insert Recipient Name]

Address: [Insert Recipient Address]

Dear [Recipient Name],

We are pleased to inform you that your application for a parking permit for disability access has been approved. This permit allows you to park in designated accessible parking spaces within [Insert Location/Organization Name].

Your permit details are as follows:

- Permit Number: [Insert Permit Number]
- Expiration Date: [Insert Expiration Date]
- Vehicle Registration Number: [Insert Vehicle Registration Number]

Please ensure that the permit is displayed prominently in your vehicle at all times when parked in accessible spaces. Failure to do so may result in penalties.

If you have any questions or require additional information, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization Name]