



STROUD DISTRICT COUNCIL

Council Offices Ebley Mill Stroud Gloucestershire GL5 4UB

Telephone 01453 754417

Facsimile 01453 754936

www.stroud.gov.uk

con.fares@stroud.gov.uk

Carer's Travel Concession Application Form 2009/2010

Section 1 Application

I am applying for a carer's half allocation of travel tokens.

Section 2 Personal details

Full Name			
Address			
Post Code		Email	
Date of Birth		Telephone	
Please tick if you would like to receive information about the Council by email.			<input type="checkbox"/>

Section 3 Carer's Allowance

I attach a copy of my latest carer's allowance determination letter. I receive carer's allowance in respect of my care for of
.....address, who is a current Stroud District Council bus pass or travel token recipient.

Section 4 Declaration

I declare that:

- a) The information given is, to the best of my knowledge, true and correct.
- b) I am a resident in the Stroud District Council area.
- c) **I UNDERSTAND THAT I AM ENTITLED TO ONLY A HALF ALLOCATION OF TRAVEL TOKENS PER YEAR (April 2009-March 2010).**

Signed		Date	
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Office Use Only Evidence seen (please tick box)						
Carers Allowance letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>