



Richmond Centre for Disability

"Promoting a new perspective on disability"

Accessible Parking Permit Replacement Declaration

Complete this form when your Accessible Parking Permit has been lost or stolen.

User No.
Permit No.
Receipt No.
Date

Office Use Only

Accessible Parking Permit Holder Information:

Name: _____ Tel: _____

Address: _____
City Province Postal Code

Accessible Parking Permit #: _____

I declare that my Accessible Parking Permit has been:

Lost Date & Time: _____ Location: _____
What Happened: _____

Stolen Police File #: _____
Jurisdiction: _____ Police Officer: _____

If at any time I recover the permit, I will return the replacement to the RCD.

Signature

Date

Payment Options

- Processing Fee \$ 26.00
 - Donation \$ _____
- (We rely on your donation to provide this service)

TOTAL AMOUNT \$ _____

Method of Payment:

- Cash (do not mail cash)
- Cheque (payable to RCD)
- Money Order
- Visa Mastercard Debit

Credit Card Payment:

Name on Credit Card

Card Number

Expiry Date _____
Month Year

Signature for Credit Card Payments