



Richmond Centre for Disability

Maximizing Independence

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		TELEPHONE NUMBER	
ADDRESS			
CITY	PROVINCE	POSTAL CODE	DATE OF BIRTH (YYYY/MM/DD)
Accessible Parking Permit #:			

I declare that my Accessible Parking Permit has been:

<input type="checkbox"/> Lost	DATE & TIME	LOCATION
	WHAT HAPPENED	
<input type="checkbox"/> 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 Information:

Processing Fee \$26	= \$ 26.00
Donation (We rely on your donation to provide this service)	= \$ _____
Method of Payment <input type="checkbox"/> Cash (do not mail cash) <input type="checkbox"/> Cheque (payable to RCD) <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Debit Card Card Number: _____ Expiry Date: _____ Signature for Credit Card Payments: _____	Total: = \$ _____