



# Richmond Centre for Disability

"Promoting a new perspective on disability"

## Accessible Parking Permit Replacement Declaration

User No.
Permit No.
Receipt No.
Date

Office Use Only

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

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 \$ 20.00  
 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