



# 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 \$ 23.00
  - 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