



Richmond Centre for Disability

Maximizing Independence

Accessible Parking Permit Replacement Declaration

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

Accessible Parking Permit Holder Information:

User No.
Permit No.
Receipt No.
Date

Office Use Only

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 \$31	= \$ 31.00
Donation (We rely on your donation to provide this service)	= \$ _____
Method of Payment <small>(RCD also accepts E-Transfer, call 604-232-2404 for details)</small> <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: _____ CVV: _____  Signature for Credit Card Payments: _____	Total: = \$ _____