



Fostering independence.

Accessible Parking Permit Replacement Declaration

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

User No.
Permit No.
Receipt No.
Date

Office Use Only

Pick up Mail

Accessible Parking Permit Holder Information:

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

I declare that my Accessible Parking Permit has been:

<input type="checkbox"/> Lost	DATE & TIME (approximate)	LOCATION
	BRIEF DESCRIPTION OF HOW YOU LOST YOUR PERMIT	
<input type="checkbox"/> Stolen	DATE & TIME (approximate)	POLICE CASE NUMBER (unless the theft was not reported)
	BRIEF DESCRIPTION OF HOW YOUR PERMIT WAS STOLEN	
<input type="checkbox"/> Damaged	If your parking permit is <u>damaged</u> and you require a replacement, please enclose your damaged permit along with this form.	

Note that all replacements issued for parking permits will carry the same expiration date as the original permit (i.e. the expiration date will NOT be moved forward).

If at any time you recover the permit, please return the replacement to the RCD.

Signature: _____

Date: _____

Payment Information:

Processing Fee \$33	= \$ 33.00
Donation (We rely on your generosity to provide this service)	= \$ _____
Method of Payment	Total: = \$ _____
<input type="checkbox"/> Cash / Debit Card (In Office Only) <input type="checkbox"/> Cheque / Money Order (payable to RCD)	
<input type="checkbox"/> Credit Card: AMEX / Visa / Mastercard <input type="checkbox"/> E-Transfer (call RCD for details)	
Card Number: _____ Expiry Date: _____ CVV: _____	
Signature for Credit Card Payments: _____	