

# Replacement Resident Parking Permit Application Form

Please complete this form in **BLOCK CAPITALS** and print it out to submit.

## 1. Applicant Details

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Address Line 1:	<input type="text"/>
Address Line 2:	<input type="text"/>
Postcode / ZIP:	<input type="text"/>
Telephone Number:	<input type="text"/>
Email Address:	<input type="text"/>

## 2. Current / Previous Permit Details

Previous Permit Number (if known):	<input type="text"/>
Reason for Replacement:	<input type="text" value="e.g. Lost, Stolen, Damaged, Change of Vehicle"/>

## 3. Vehicle Details

Vehicle Registration / License Plate:	<input type="text"/>
Make:	<input type="text"/>
Model:	<input type="text"/>
Color:	<input type="text"/>

## 4. Declaration and Signature

I declare that the information provided on this form is true and accurate to the best of my knowledge. I understand that providing false information may lead to the cancellation of my parking permit and potential legal action.

Applicant Signature:	<input type="text" value="Sign here after printing"/>
Date of Application:	<input type="text" value="DD/MM/YYYY"/>

**Note:** Please present proof of residency (e.g., utility bill) and proof of vehicle ownership along with this printed form to the permit office.