

STATUTORY DECLARATION REPLACEMENT PARKING PERMIT

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the place
to live

APPLICANT DETAILS

Your Details

Title	First Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Street Name	
<input type="text"/>	<input type="text"/>	
Suburb/Town	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Permit Number	Contact	
<input type="text"/>	<input type="text"/>	

PERMIT DETAILS

I do solemnly and sincerely declare that:

tick one:

- Disabled Parking Permit
- Residential Parking Permit (**\$42.00** replacement fee applicable, complete fields at bottom of form)

was

- Lost Stolen Damaged Destroyed
- Other (specify) _____

Additional information

Any supporting written evidence should be attached to this form

DECLARATION

I acknowledge that this declaration is true and correct and I make it in the belief that a person making a false declaration is liable to penalties of perjury.

SIGN HERE	Your Signature _____	Before me _____	Signature of witness _____
	Declared at _____	Witness name _____	Full name _____
	Suburb _____	of _____	Witness address _____
	In the state of Victoria on the _____	Status [†] _____	Status of witness _____
	Date _____		

[†] This declaration must be witnessed in the presence of a justice of the peace, police officer, medical practitioner, dentist, pharmacist, minister of religion, bank manager, or another person authorised to sign Statutory Declarations.

PRIVACY INFORMATION

The collection and handling of personal information is in accordance with Council's Privacy Policy which is displayed on Council's website and available for inspection at, or collection from, Council's customer service centre/s"

Customer Service Officer: _____ Receipt Number (if applicable): _____