



**DISABLED PERSONS PARKING SCHEME
REPLACEMENT OF LOST PERMIT**

PLEASE RETURN TO RURAL CITY OF WANGARATTA
GOVERNMENT CENTRE OR PO BOX 238 WANGARATTA 3676



RURAL CITY OF
WANGARATTA

PLEASE NOTE:

A replacement permit may not be issued unless all details on the application are completed.

Please use BLOCK letters

Surname: _____

Name: _____

Residential Address: _____ Postcode: _____

Postal Address (if different):

Phone: _____ Date of Birth: _____

Permit Details

Lost Permit Number : _____ Expiry Date of Permit: _____

Declaration:

I make this declaration in the firm belief that all the information provided on this form is, to the best of my knowledge, true and correct and I am aware that false declarations may be punishable by law.

I will comply with the 'Conditions of Use' for the permit and ensure that any user is aware of these conditions.

If my circumstances change in any way likely to affect my eligibility for the permit, I agree to notify the issuing authority within fourteen (14) days. I further agree that the permit remains the property of the issuing Council and will be returned with seven (7) days of notification of such return being required.

Applicant's signature: _____ Date: _____