

STATUTORY DECLARATION REPLACEMENT PARKING PERMIT

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darebin.vic.gov.au



the place
to live

APPLICANT DETAILS

Your Details

Title

First Name

Surname

Number

Street Name

Suburb/Town

Postcode

Permit Number

Contact

PERMIT DETAILS

I do solemnly and sincerely declare that:

tick one:

Disabled Parking Permit

Residential Parking Permit (**\$43.00** 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
	_____ In the state of Victoria on the	_____ of	_____ Witness address
	_____ Date	_____ Status †	_____ Status of witness

† 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): _____