 HONORARY DECLARATION

**PARKING PERMIT FOR PERSONS WITH DISABILITIES**

Please Note: Replacement permits may take up to seven (7) working days to process.

**PERMIT HOLDER DETAILS**

Permit Holder’s Name:

Date of Birth: Gender: Male 🞎 Female 🞎

Address:

Suburb: Post Code:

Home Phone: Mobile:

Business Phone:

Email:

Previous Address:

**DECLARATION**

I

*(name)*

of

*(address)*

Suburb: Postcode:

**In the state of Victoria do solemnly and sincerely declare that:**

 [ ]  I have lost or misplaced my disabled parking permit

 [ ]  My disabled parking permit has been stolen

 [ ]  My disabled parking permit has been damaged/destroyed

 [ ]  Other: I require a replacement disabled parking permit because:

**And that the information that I have provided is true and correct and I understand that a person making a false statement is liable for the penalties of perjury.**

Permit Holder’s Signature: Date:

Witness Name: Witness Signature:

**RETURN COMPLETED FORM TO: W**yndham City Council, PO Box 197 Werribee 3030 OR 45 Princes Hwy Werribee 3030 OR email mail@wyndham.vic.gov.au