

# Replacement Permit Request

## 1. About you

Your name	Title	First name	Family name
Address	Postcode		
Daytime tel no.			

Please tick **one** box

- |  |  |
|--|--|
| <input type="checkbox"/> LBTH Council tenant/leaseholder/freeholder inc. family members & partners | <input type="checkbox"/> LBTH employee |
| <input type="checkbox"/> Other LBTH residents/private sector/inc. sub-tenants/lodgers/carers       | <input type="checkbox"/> Business user |
| <input type="checkbox"/> Non LBTH resident   |  |

## 2. Reason for replacement

Change of vehicle (*fee payable*)    Damaged (*fee payable*)    Lost (*fee payable*)    Stolen (*no fee payable*)

Crime ref no

## 3. Change of vehicle ONLY

Registration	Location	Estate
Make	Block	
Model	Parking bay number	
Colour	Old permit number	<b>R</b> <input type="text"/>
	<input type="checkbox"/> Disabled Blue Badge holder no.	<input type="text"/>

## 4. Signature

Applicant's signature

Date

Have you had help filling in this form? If so, please let us know who helped you.

Name.....  
Address.....  
.....

### For office use only

## 5. Checks before approval *Change of vehicle ONLY*

<input type="checkbox"/> Online tax check completed	
Rent arrears £	:
Court costs £	:
Rechargeable repair £	:
Undisputed service charge arrears £	:

Originating office

Application received date

Vehicle registration document **V5**   
**OR**, if company car, letter from company

## 6. Approval

Payment received and receipt copied and attached

Officer's signature  Date

Print name