

Replacement Permit Request



1. About you

Your name	Title	First name	Surname			
Address						
Contact No			Email			

- Please tick **one** box
- LBTH Council tenant/leaseholder/freeholder inc. family members & partners
 - Other LBTH residents/private sector/inc. sub-tenants/lodgers/carers
 - Non LBTH resident
 - LBTH employee
 - Business user

2. Reason for replacement

<input type="checkbox"/> Change of vehicle (<i>fee payable</i>)	<input type="checkbox"/> Lost (<i>fee payable</i>)	Crime ref:
<input type="checkbox"/> Damaged (<i>fee payable</i>)	<input type="checkbox"/> Stolen (no fee payable)	<input type="text"/>

3. Change of vehicle ONLY

Registration:	<input type="text"/>	Estate:	<input type="text"/>
Make:	<input type="text"/>	Block:	<input type="text"/>
Model:	<input type="text"/>	Parking Bay No:	<input type="text"/>
Colour:	<input type="text"/>	Old Permit No:	R <input type="text"/>
		Disabled Blue Badge 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*

Online tax check completed.

Rent arrears	£	<input type="text"/>
Court costs	£	<input type="text"/>
Rechargeable repair	£	<input type="text"/>
Undisputed service charge arrears	£	<input type="text"/>

Originating Office

Application received date / /

Vehicle registration document V5	<input type="checkbox"/>
OR , if company car, letter from company	<input type="checkbox"/>

6. Approval

Payment received and receipt copied and attached.

Officer's signature

Print name

Date / /