**Missing/Stolen/Damaged   
Disabled Parking Permit**

**Statutory Declaration**

Please note you must ensure this form is correctly witnessed.

See page 2 for a list of people who can witness this declaration.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| I, | | | | | | | |
| (full name) | | | | | | | |
| of | | | | | | | |
| (residential address) | | | | | | | |
| Phone number/mobile: | | | | | | | |
| Email address: | | | | | | | |
| Declare that my: | disabled parking permit (number if known):        veterans parking permit (number if known): | | | | | | |
| has been missing since: | | | | | | | |
| (date on which you last had the permit) | | | | | | | |
| The circumstances of the loss of the permit (eg. stolen from vehicle, destroyed by heat, etc): | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| I hereby acknowledge that this statement is true and correct and is made in the belief that a person making a false declaration is liable to the penalties or perjury: | | | | | | | |
| Declared by: | | | | | | Date: | |
| (your signature) | | | | | | | |
| Declared at: | | in the said State of: | | | | | |
| This       20 | | day of | | | 20 | | |
| Before me: | | | | Name: | | | |
| (Witness’s signature) | | | (use block letters) | | | | |
| Address: | | | | | | | Postcode: |
| Your title: | | | | | | |  |
| (a person duly authorised to take statutory declarations) | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **OFFICE USE ONLY** | | |
| Date: / / | 🞏 DNG 🞏 SPR 🞏PKM | CSO initials: |
| Permit number: | CSO to locate permit number from Proclaim |  |

**You must ensure that this form is correctly witnessed**

Persons who can witness this declaration:

* A justice of the peace or bail justice
* An Australian lawyer (within the meaning of the Legal Profession Act 2004) the prothonotary or a deputy prothonotary of the Supreme Court, the registrar or a deputy registrar of the County Court, the principal registrar of the Magistrates’ Court or a registrar or deputy registrar of the Magistrates’ Court
* The associate to a judge of the Supreme Court or of the County Court; a person registered as a patent attorney under Chapter 20 of the Patents Act 1990 of the Commonwealth
* A member of the police force
* A member or former member of either House of the Parliament of Victoria; A councillor of a municipality
* A registered medical practitioner within the meaning of the Medical Practice Act 1994
* A veterinary practitioner
* A minister of religion authorised to celebrate marriages;
* A public notary
* A clerk to an Australian lawyer
* The registrar of probates or an assistant registrar of probates
* The secretary of a master of the Supreme Court or of the County Court; The sheriff or a deputy sheriff
* A member or former member of either House of the Parliament of the Common- wealth
* A senior officer of a Council as defined in the Local Government Act 1989; A registered dentist within the meaning of the Dental Practice Act 1999
* A pharmacist
* The manager of an authorised deposit-taking institution; The secretary of a building society
* A member of the Institute of Chartered Accountants in Australia or the Australian Society of Accountants or the National Institute of Accountants
* A principal in the teaching service
* A person employed under Part 3 of the Public Administration Act 2004 with a classification that is prescribed as a classification to which this section applies or who holds office in a statutory authority with such a classification
* A fellow of the Institute of Legal Executives (Victoria)

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| **Return this declared document to the City of Greater Dandenong** | | |
| **Post:**  City of Greater Dandenong PO Box 200 Dandenong VIC 3175 | **In person at a customer service centre**   * **Dandenong:** 225 Lonsdale Street, Dandenong * **Springvale:** 5 Hillcrest Grove, Springvale * **Parkmore:** Shop A7, Parkmore Shopping Centre, Cheltenham Road, Keysborough | **Email:** council@cgd.vic.gov.au  **Fax:** (03)8571 5196 |