



**DISABLED PERSON'S PARKING PERMIT
DUPLICATE BADGE REQUEST FORM**

Please complete all sections and return to the address as indicated.

PLEASE PRINT

1. Surname:

2. Other Names:

3. Address:

.....

.....Postcode.....

4. Date of Birth/...../.....

5. Telephone: 020.....

5. Old Badge Number

DECLARATION

- a) I confirm that the information provided is accurate and true to the best of my knowledge.
- b) I accept that Hounslow Council may make further inquiries to confirm that the details I have provided are true.
- c) I return my old badge along with this form.
- d) I enclose a cheque or postal order made payable to 'London Borough of Hounslow' for £2
- e) I undertake to comply with the 'Conditions of Use'

On the basis of the above statement I am requesting the issue of a replacement badge.

SIGNED:

DATE.....

This signature will be used on the badge:

**Please place your stamp/logo in the box below. This will be used on the badge.
(INSTITUTIONS ONLY)**

Please sign in the box below.

THIS FORM SHOULD BE RETURNED TO:

**Transport Inclusion Unit
London Borough of Hounslow
The civic centre
Lampton Road
Hounslow
TW3 4DN**

Telephone Enquiries Regarding Duplicate Permits: 020 8583 3073/4111

OFFICE USE ONLY

BADGE NUMBER **EXPIRY DATE**

DUPLICATE BADGE ISSUED...../...../..... **ISSUED BY.....**

CHEQUE/POSTAL ORDER No.