

LOST TICKET DECLARATION FORM
(Lost Tickets charged at FULL DAILY RATE)

I DECLARE THAT THE REGISTERED OWNER OF:

MOTOR VEHICLE (MAKE)

REGISTRATION No

IS NAME (Block Capitals)

ADDRESS:

.....

.....

AND I DECLARE THAT I AM LAWFULLY AUTHORISED TO REMOVE THE VEHICLE DESCRIBED ABOVE.

NAME (Block Capitals)

ADDRESS

.....

DRIVERS LICENCE No
(or other form of identity)

DATE CAR PARKED ENTEREDAM/PM

I DECLARE THAT I CANNOT NOW PRODUCE A VALID PARKING TICKET ISSUED IN RESPECT OF THIS VEHICLE.

SIGNED

FOR COMPLETION BY ATTENDANT

.....**CAR PARK**

DATE

TIME REMOVED AMOUNT PAID

QUESTIONS A, B & C, AS PER INSTRUCTIONS HAVE BEEN ASKED

DATE & TIME STAMP

TICK HERE

ATTENDANT'S SIGNATURE

CHECKED BY MANAGER: SIGNED DATE