

LOST TICKET PERMIT DECLARATION FORM

(Lost Tickets charged at FULL DAILY RATE)

Date and Time:

Attendants Signature:

Checked by Manager: Signed

Date:

I declare that the Registered Owner of:

Motor Vehicle (Make):

Registration No:

Is (Insert name in Block Capitals)

Address:

And I further declare that I am lawfully authorised to move the vehicle described above

Name (Block Capitals)

Address:

Drivers Licence No:

(or other form of photographic identity)

Date Car Parked:

Entered: AM/PM

I declare that I cannot now produce a valid parking ticket issued in respect of this vehicle.

Signed:

Date:

For Completion By Attendant:

Print Name:

Signed:

Date:

Completed forms should be returned to carparks@ulster.ac.uk
