



**REQUEST FOR A REPLACEMENT BUS PERMIT**

**NAME:** MR/MRS/MISS.....

**ADDRESS:** .....

.....

.....

..... **POST CODE**.....

**PLEASE CANCEL MY ORIGINAL BUS PERMIT AND SEND ME A REPLACEMENT.**

**THE CHARGE FOR A REPLACEMENT IS £5.00 IF THE PERMIT IS LOST.**

**THERE IS NO CHARGE IF THE PERMIT WAS STOLEN BUT THE POLICE CRIME REFERENCE NUMBER MUST BE COMPLETED BELOW.**

**I AGREE THAT IF MY PERMIT IS FOUND AFTER I RECEIVE A REPLACEMENT I WILL RETURN IT TO SEVENOAKS DISTRICT COUNCIL.**

**SIGNED:**.....**DATE:**.....

**POLICE CRIME REFERENCE NUMBER:** .....

**PLEASE RETURN THIS FORM AND YOUR PAYMENT OF £5.00 TO:**

**BUS PERMITS  
SEVENOAKS DISTRICT COUNCIL  
ARGYLE ROAD  
SEVENOAKS  
KENT TN13 1HG**

**PLEASE ALLOW 10 WORKING DAYS FOR THE RETURN OF YOUR PERMIT.**

