

Mail Completed Form & Copy of Police Report to:

Brant Town Hall

1272 Brant-North Collins Road, PO Box 228
Brant, New York 14027

REPORT OF LOST OR STOLEN HANDICAP PARKING PERMIT

Information about the parking permit holder:

Name: _____

Address: _____

9-digit number from NYS Driver License/ID Card (if any): _____

Stolen Parking Permit Information:

Date Permit Stolen: _____ Type of Permit Stolen (check one): Blue Red

Parking Permit No. _____ Date Issued: _____ Date Expires: _____

Police Information:

Police Agency _____ Agency/Precinct Address _____

Signature of Officer _____ Rank & Shield or Tax ID No. _____

Issuing Agent Use Only:

New Parking Permit No.: _____ Date Issued Date Expires _____