

Mail Completed Form & Copy of Police Report to:

**Brant Town Hall**  
1294 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: \_\_\_\_\_