



PO Box 184
Northbridge WA 6865
Phone: 9242 5544
Fax: 9242 5044

Use this form if your ACROD Permit has been lost, destroyed or stolen.

To obtain a replacement permit, please **complete the statutory declaration** (overleaf) and **return it by post** to:

ACROD Parking Program
PO Box 184
Northbridge WA 6865

Your permit will be cancelled and we will notify all Parking Infringement Officers of the permit number.

Your replacement permit will take a few days to process and will be sent to your postal address.

Important Information

Authorised Witness

The statutory declaration form must be completed before any one of the following persons: academic (post-secondary institution), accountant, architect, Australian consular officer, Australian diplomatic officer, bailiff, bank manager, chartered secretary, chemist, chiropractor, company auditor or liquidator, court officer, defence force officer, dentist, doctor, engineer, industrial organization secretary, insurance broker, Justice of the Peace, lawyer, local government CEO or deputy CEO, local government councillor, loss adjustor, marriage celebrant, member of Parliament, minister of religion, nurse, optometrist, patent attorney, physiotherapist, podiatrist, police officer, post office manager, psychologist, public notary, public servant (state & commonwealth), real estate agent, settlement agent, sheriff or deputy sheriff, surveyor, teacher, tribunal officer, veterinary surgeon.

NOTE: No person who is a relative may be a witness.

***** Please complete statutory declaration form (overleaf) *****

Permit Number:

Expiry:

ACROD Parking Program Statutory Declaration

WESTERN AUSTRALIA Oaths, Affidavits and Statutory Declarations Act 2005

I, _____
(Surname or Family) (Given Names)

of, _____
(Street No && Name) (Town or Suburb) (State) (Postcode)

do solemnly and sincerely declare that my ACROD permit was:-

Lost Destroyed Stolen _____
(if stolen - provide Police Report Number)

Please provide a short explanation of how the permit was lost / destroyed / stolen:

and I make this solemn declaration by virtue of the Oaths, Affidavits and Statutory Declarations Act 2005.

at _____
(place)

on _____
(date)

In the presence of -

(signature of authorised witness*)

(Name of authorised witness* and qualification
as such a witness)

}
}
}
}
}
}
}
}
}
}

by _____
(signature of permit holder/agent signature)

Please post your completed statutory declaration form to:

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Northbridge WA 6865