

AFFIDAVIT REPLACEMENT VEHICLE PARKING EMBLEM

Date:	_		
Name:			
Address:			
Phone #:	Item was (circle one)	LOST	STOLEN
Date Lost/Stolen:			
PARKING EMBLEM			
Make of Vehicle:	License Plate	#:	
Vehicle Parking Emblem #:			
CARE-GIVER VEHICLE PARKING PASS			
Pass #			
OLD MILL PARKING PERMIT FOR GUEST			
Address:		# of Passes	:
I,, having been duly sworn, hereby depose and say:			
I fully understand that if this statement is found as outlined in the Rules and Regulations Govern			
Sig	ned:		
For Notary Public:			
Subscribed and sworn to me this	of,,	Year	
Notary Public:			
My Commission Expires:			