



If you need help lodging your form, contact us		Office use only		
Email	council@northernbeaches.nsw.gov.au	Form ID	4041	
Phone	1300 434 434	TRIM Ref	2019/369212	
Customer Service Centres	Manly Townhall, 1 Belgrave Street Manly NSW 2095	Dee Why Civic Centre, 725 Pittwater Road Dee Why NSW 2099	Last Updated	June 2021
	Mona Vale 1 Park Street Mona Vale NSW 2103	Avalon 59A Old Barrenjoey Road Avalon Beach NSW 2107	Business Unit	Customer Service
			Permit No.	<input type="text"/>
			Receipt No.	<input type="text"/>

Privacy Protection Notice	
Purpose of collection:	For Council to provide services to the community
Intended recipients:	Northern Beaches Council staff
Supply:	If you choose not to supply your personal information, it may result in Council being unable to provide the services you seek
Access/Correction:	Please contact Customer Service on 1300 434 434 to access or correct your personal information

This form is for replacement permits only. Applicants must provide proof that the vehicle has been sold, disposed of or that windscreen has been damaged or submit the permit that is to be replaced.

- Original permit number and proof of purchase is required
- Permits are valid from 1 September to 31 August each year
- Are only valid at the Pay and Display areas within the Church Point Precinct
- Availability of parking space is not guaranteed
- By signing this application, you acknowledge these conditions

Part 1: Replacement Fee 2021/22

Residents only	\$27.00
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Part 2: Applicant Details

First name	<input type="text"/>		
Family name	<input type="text"/>		
Residential address	<input type="text"/>		
Suburb	<input type="text"/>	Postcode	<input type="text"/>
Email address	<input type="text"/>		
Postal address	<input type="text"/>		
Suburb	<input type="text"/>	Postcode	<input type="text"/>
Phone number	<input type="text"/>	Vehicle registration number	<input type="text"/>
Reason for replacement	<input type="text"/>		

Signature	<input type="text"/>	Date	<input type="text"/>
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ACCORDING TO PROCEDURES**

Credit Card Details		
Please charge my	<input type="radio"/> Mastercard	<input type="radio"/> Visa <input type="radio"/> American Express
Amount	\$	

Name as appears on card	
Card Number	
Expiry Date	

Signature	
Daytime Phone Number	
Date	

Please note: Payment card surcharge of 0.5% applies

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