

**Concessionary Travel  
Replacement Application for a lost/Stolen Blue Badge**

**Full Name: Mr/Mrs/Miss/Ms**

**ID number:**

**Address:**

**Expiry date of original Badge:**

**Surname at Birth (if Different from above):**

**Town and Country of Birth:**

**Date of Birth:**

**Tel No:**

**Both sides of this form must be completed in all cases**

I attach recent proof of residency (within 3 months)

**Yes/No**

**You are required to pay £10 for your replacement blue badge, so please make your payment using the instructions in the payment request letter.**

**Declaration**

I declare that the information I have given on this form is correct and complete.

I understand that if I give information that is incorrect or incomplete or fail to notify you of any change in my circumstances that may affect my eligibility to qualify for the badge you may take action against me, and I understand I maybe prosecuted.

I agree that you will use the information I have provided to process my application for a replacement European Parking Badge. You may cross check this information with other sources within the council, other councils, and other agencies where the law allows this.

I understand that the Council is under a duty to protect the public funds it administers and to this end may use the information I have provided on this form for data matching purposes for the prevention and detection of fraud.

I understand that the badge can be withdrawn if it is miss-used or other people are allowed to use it.

I understand the information regarding the lost/stolen badge will be passed to Harrow Council's parking enforcement and other authorities.

If the European Parking Badge is found, I undertake to return it to the Adult Care Management office that issued the replacement.

**Signed:**

**Date:**

# Applicant Statement

Lost property number: \_\_\_\_\_

Crime Ref Number for Any Stolen Concession: \_\_\_\_\_

I, \_\_\_\_\_ wish to inform this office that I have

**Lost my Blue Badge**  
**Date lost:**  
**Circumstance of loss:**

**Stolen Blue Badge**  
**Date stolen:**

**Please note that this Authority is under duty to protect the public funds it administers, and to this end may use the information you have provided in this statement for the prevention and detection of fraud. It may also share information with other bodies responsible for auditing or administering public funds for these purposes.**

Name of service user: ..... Signature: .....  
(Please print)

or

Name of Representative: ..... Signature: .....  
(Please print)

Address of representative if applicable:

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**Please return your completed form to:** Harrow Council, Concessionary Travel Team,  
PO Box 1358, Harrow, HA3 3QN. Telephone number: 0208 901 2680. Email:  
[concessionarytravel@harrow.gov.uk](mailto:concessionarytravel@harrow.gov.uk)

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