



Department of Environmental Services RESIDENTIAL PERMIT PARKING AFFIDAVIT

Please return completed affidavit and required documents to Arlington County, 2100 Clarendon Blvd., Suite 900, Arlington, VA 22201 or fax to 703-228-3719; Attn: Residential Permit Parking.

Date: _____

I certify to the best of my knowledge and belief that (check item(s) that apply):

- The following vehicle _____ has been sold or is no longer in my possession.** Make, Model, and Year/ VIN/ or Title #

The Parking Office will verify that the County has record of the vehicle being sold or given away before issuing another permit. Resident must pay a \$20 replacement fee.

- The following vehicle _____ has been damaged or totaled** Make, Model, and Year/ VIN/ or Title #

Resident is required to provide documentation from a body repair shop or insurance company of the vehicle's condition. Without documentation, resident must pay a \$20 replacement fee.

- The attached vehicle-specific permit/decals # _____ is/was damaged, therefore I am requesting a replacement.**

If the vehicle bumper was replaced, please enclose documentation from the body or repair shop verifying that the bumper was replaced and permit could not be retrieved. Without documentation, resident must pay a \$20 replacement fee.

- The following vehicle _____ and permit materials were stolen or lost.** Make, Model, and Year/ VIN/ or Title #

- Flexpass** **Vehicle-Specific Permit**

Resident must pay a \$20 replacement fee for lost materials. Police report must be submitted with affidavit for stolen materials. Without documentation, resident must pay a \$20 replacement fee.

- I never received materials within 60 days of issuance**

Issuance contingent upon DES documentation. If reported after 60 days, resident is required to pay replacement fees.

- Permit materials were previously in the possession of _____,**

First and Last Name

who resided in/owned this property at _____.

Address

This person no longer lives at this address and I am a current resident.

Provide a copy of lease or proof of home purchase. Requested parking materials will not be issued without documentation.

I understand that Arlington County will deactivate the permits/passes that were originally assigned to my address and/or vehicle. Incomplete applications/affidavits will not be processed.

I agree to return the lost or stolen permit/pass to Arlington County Division of Transportation Office at 2100 Clarendon Blvd, Suite 900, Arlington, VA 22201, should it come into my possession.

Signature

Print Name