

**SCARBOROUGH BOROUGH COUNCIL
LICENSING AUTHORITY**



REQUEST FOR REPLACEMENT VEHICLE LICENCE PLATE

A great place to live, work & play

To: The Licensing Authority
Scarborough Borough Council
Town Hall
Scarborough
YO11 2HG

TITLE (delete as appropriate): Mr Mrs Miss Ms Other (please state)	
Surname	
Forenames	
ADDRESS	
Post town	Post code
TELEPHONE NUMBERS	
Daytime	
Evening	
Mobile	

VEHICLE DETAILS					
Vehicle Registration		Licence Plate Number			
Vehicle Make		Model		Colour	
To Carry		Plate Style	Oblong <input type="checkbox"/> Square <input type="checkbox"/>	Bracket?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reason for Request (e.g. lost, stolen etc)

I have enclosed the licence plate fee (see fees if required)	
I have enclosed the bracket fee (see fees if required)	

Signed:	
Dated:	

