

**SCARBOROUGH BOROUGH COUNCIL
LICENSING AUTHORITY**



REQUEST FOR REPLACEMENT COPY OF VEHICLE LICENCE

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	
Badge Number (Must be completed)	
Plate Number (Must be completed)	

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

I have enclosed the fee	
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Signed:	
Date:	