



PALM BEACH COUNTY PARKS AND RECREATION DEPARTMENT
 2700 6th Avenue South, Lake Worth, FL 33461
 (Ph) 561-966-6611 (Fax) 561-963-6725

SALT WATER BOAT RAMP PARKING DECAL REPLACEMENT FORM

Submit completed application to: Palm Beach County Parks and Recreation Email: ParksCustomerService@pbcgov.org
 c/o Customer Service Phone: 561-966-6611
 2700 6th Avenue South FAX: 561-963-6725
 Lake Worth, FL 33461

- This application is for the purpose of obtaining a replacement decal for non-received, lost or stolen decals.
- There is a \$5.00 replacement fee for lost or stolen decals.
- Upon approval, the permittee will be notified so that they can remit payment online if payment is not provided with application.

CUSTOMER INFORMATION	NAME:		
Street Address:	_____		
City, State and Zip Code:	_____		
Phone #:	_____		
Email Address:	_____		
DECAL INFORMATION	DECAL #:	RECEIPT #:	
PLEASE CHECK 1: <input type="checkbox"/> NEVER RECEIVED <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN			
If Stolen, was the theft reported to the Sherriff's office? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> REQUEST ONLINE PAYMENT <small>(You will be notified when fees are ready for payment)</small>		<input type="checkbox"/> CHECK or <input type="checkbox"/> CREDIT CARD REPLACEMENT FEE: \$5.00 <small>(Please make checks payable to PBC Board of County Commissioners)</small>	
_____		_____/____/_____	_____
(CREDIT CARD NUMBER)		(EXPIRATION DATE)	(CCV – 3 digit #)
_____		_____	
(SIGNATURE)		(DATE)	
DECLARATION			
I, _____, purchaser of boat trailer parking decal number _____, original receipt number _____, declare that said permit has been lost or stolen.			
Under penalty of perjury, I declare that the above information is true to the best of my knowledge.			
_____	_____	_____	
(DATE)	(PRINT NAME)	(SIGNATURE)	

DEPARTMENT USE ONLY			
Received on (Date)	Processed on (Date)	Approved (Yes or No)	New Decal #
		<input type="checkbox"/> YES <input type="checkbox"/> NO	