

VOUCHER INDEMNITY STATEMENT

| NAME | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------|---------------------------------|----------|-------|------|-------|-------|------|------|------|------|------|------|-------|-----|------|------|------|-------|-----|-----|-----|---|
| ADDRESS | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| POSTCODE | | | | | | | | | | | | | | | | | | | | | | | |
| l, the above, de The details of th | | | | | | | ny (| of t | he | god | ods | ро | ste | d to | m | e b | у Ра | arki | ng | Sei | vic | es. | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| These goods w | by [| (name) | | | | | | | | | | | | | | | | | | | | | |
| and payment m | ade to t | he Lon | don | Bord | ough | of | Isli | ngt | on. | | | | | | | | | | | | | | |
| l promise to ref possession. | und and | or retu | urn tŀ | ne g | ood | s in | go | od | cor | ndit | ion | , sh | oul | d th | ney | late | er c | com | ne ii | nto | my | | |
| I will indemnify the authority ma to such an act. | ay suffer | or inc | ur in | the (| ever | it of | f fra | ud, | , th | eft | or i | rre | gula | arity | | | | | | _ | - | | |
| (Signed) | | | | | | | | 1) | Nan | ne) | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Office use only: | ORIGI | ORIGINAL SERVICE REQUEST NUMBER | | | | | | | | | | | | | | | | | | | | | |
| | | OF GC | | | | | | | | | | I | -I N | UME | 3ER | | | | | | | | |
| | | L MAIL KING No | <u> </u> | | | | | | | | | | | | | 1 | | | | | | | |