

LOST/STOLEN PERMIT REPORT

Parking Administration
(417) 836-4825

Name Last: _____ First: _____ M.I. _____

M#: _____ Faculty Staff Student (Circle One)

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date Noticed: _____ Time: _____

State any details about the incident:

I understand it is my responsibility to contact the appropriate law enforcement agency if any other articles were stolen from my vehicle. I further understand that any user of above listed permit is subject to arrest and prosecution for possession of stolen property.

Should the original permit be located during the period for which it was purchased, you may request that the price of the replacement permit be refunded.

Signature: _____ Date: _____ Time: _____

OFFICE USE ONLY

Reporting Clerk: _____ Date: _____

Permit # Missing: _____ Permit # for Replacement: _____

Replacement Permit Amount: _____

Permit Holder Signature: _____ Date Refunded: _____

Claim Signature: _____ Date Refunded: _____