

Parking Permit Lost/Stolen Report

Date:

**Northern Illinois University
Campus Parking Services
121 Normal Road
DeKalb IL 60115**

Name		Employee ID/ Student "Z" ID No.
Street Address		Apartment Number
City	State	Zip Code
Day Telephone		Cell Phone Number
Date and Time Occurred		Place Occurred

I declare the NIU parking permit number _____ (expires _____) assigned to me has been lost _____ or stolen _____, under the following circumstances.

Describe

Witness	Signature of Complainant	Date
		Time

For Office Use Only:

Permit Issued:	Exp. Date:	Clerk:	Date:
Permit Issued:	Exp. Date:	Clerk:	Date:
Date Recovered:			