



LOST OR STOLEN PERMIT AFFIRMATION

Name _____

Date _____

N# _____

Primary phone number _____

Please check one: Lost permit Stolen permit

I declare that my University of North Florida parking permit # _____ assigned to me has been lost or stolen under the following circumstances:

Date and Time Lost/Stolen

Location Lost/Stolen

PLEASE READ CAREFULLY BEFORE SIGNING

By signing this form, I agree that:

- I understand that fraudulent use or possession of a lost or stolen University of North Florida parking permit may result in vehicle immobilization, a fine **and/or criminal prosecution.**
- I agree that, if I recover my parking decal, I will return it immediately to the University of North Florida Parking Services and Transportation Department.
- I acknowledge that a lost/stolen decal remains property of the University of North Florida Parking Services and Transportation Department.
- **If my permit was stolen I will provide a Police Report to obtain a replacement.**
- I confirm that this report is true and correct to the best of my knowledge.

Signature

Witness