



Parking Permit Report Form

Name: _____

Employee/Student A #: _____ Date: _____

Permit Classification: Student/General Faculty/Staff Temporary Parking Permit

Permit Type: Vehicle Motorcycle Permit Number: _____

Please check box that applies:

- Lost
- Stolen
- Other: _____

Please Explain: _____

Note: If a lost/stolen permit is found on campus, the vehicle displaying such permit will be subject to a wheel lock, the permit will be confiscated and the driver of the vehicle identified.

I have reported a lost/stolen permit to the Department of Public Safety and understand that if I find this permit, I must return it.

Signature _____ Date _____

Do Not Write Below - For Department of Public Safety Use Only

Reported To: _____	Date: _____
Comments: _____	

Entered By: _____	Date: _____

Department of Public Safety

Phone: (956) 872-2589

Fax: (956) 872-2372