

Case No: _____
Date/Time Report Received: _____
Received by: _____

LOST OR STOLEN PARKING PERMIT STATEMENT

Please complete this form to report the loss or theft of your University of Wisconsin – Platteville Parking Permit. The form should be returned to the University Police Office, 134 Brigham Hall or call 342-1584 to request a police officer to meet with you.

If you wish to replace your lost/stolen permit, you will be required to purchase a new parking permit.

Name: _____ Permit No: _____ ID No: _____

University Address & Phone No: _____

Permit: LOST STOLEN Vehicle Locked: YES NO Forced Entry: YES NO Windows Open: YES NO

Vehicle was parked in Lot #: _____ between (date/hours): _____

Permit last seen (date/time/location): _____

Date/Time lost discovered: _____

Vehicle description including license plate number: _____

Registered owner of Vehicle: _____

Anything else stolen: YES NO If yes, please provide a description of all items taken, with value of each:

Any damage to property or vehicle: YES NO If yes, please provide a description of items damaged with estimate of damage costs: _____

Provide any information you are aware of related to the lost/theft of your permit: _____

Theft or Damage covered by insurance: YES NO Name of Insurance: _____

Have you reported any other thefts: YES NO Department you reported to: : _____

Please use back of form if more space is needed

My signature below attests that the above information is made voluntarily, without coercion, and is truthful to the best of my ability to recall the events described. I am aware that the filing of a false report to law enforcement officials is a crime in the State of Wisconsin. I am aware that by filing this report, the University Police will issue a citation to anyone using the permit listed above after this date.

Signature of Victim

Date

Signature of Witness

Date