

Lost/Stolen Parking Permit Form



Customer Information

Name: _____
Last, First MI UK/BCTC ID number

Campus Department and Address: _____

Mailing Address: (Street, City, State, Zip) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

The University of Kentucky parking permit assigned to me has been lost or stolen under the following circumstances:

I hereby certify this report is true and correct to the best of my knowledge. I understand that I am in violation of the University of Kentucky Vehicle, Parking and Permit Regulations if I give false certification regarding a permit being lost or stolen. If I find the parking permit that I have reported lost or stolen, I will immediately return the permit to Transportation Services. I will not display the permit on any vehicle. I understand that any vehicle displaying a lost or stolen permit will be impounded, and the vehicle will not be released until all fines, impoundment fees and storage fees have been paid.

Signature of Person Making Report: _____

Date: _____

This form should be returned to UK Transportation Services in person, accompanied by a photo ID.

For Office Use Only

Permit Type	_____
Permit Number	_____
Report Date	___/___/___

Follow-up Information:

