

PARKING ACCESS CARD LOSS REPORT

DePaul University Parking Services Division

Name	Student/Employee ID	
Street Address		
City	State	Zip Code
Phone	Cell Phone	
Date & Time Occurred	Place Occurred	

DECLARE THE DEPAUL PARKING ACCESS CARD _____

ASSIGNED TO ME HAS BEEN LOST OR STOLEN (with Public Safety/Police Report)

UNDER THE FOLLOWING CIRCUMSTANCES:

DESCRIBE _____ _____ _____

I understand fraudulent use of, possession of, or complicity in the use of a lost or stolen DePaul University access card is punishable by administrative sanction and or criminal prosecution under the Illinois State Law.

I further understand Illinois Law provides that persons making false reports to Law Enforcement Authorities may be punished by imprisonment in jail for less than twelve (12) months (ILL3861(4)).

All recovered lost/stolen access cards should be returned immediately to the Parking Services Office.

I hereby certify that this report is true and correct to the best of my knowledge. I further understand that an access card, even though assigned, remains the property of the university and enforcement actions as a result of this report will be at the discretion of the university or its agent, the Parking Services Division.

Witness	Signature of Complainant Date:
---------	---------------------------------------