| | Lost/Stolen Item | FOR OFFICE | E USE ONLY | Replacement Item |
|------|------------------|----------------|------------|----------------------|
| Туре | Number | Gate Card/RFID | Type Nu | ımber Gate Card/RFID |



PHONE: (520) 626-7275 | FAX: (520) 621-7055

1117 E. 6th Street | PO BOX 210181 | Tucson AZ 85721

www.parking.arizona.edu | PTS-ParkingInformation@email.arizona.edu

LOST / STOLEN FORM

LOST OR STOLEN PERMITS/GATE CARDS/RFID UNITS ARE NOT REPLACED FREE OF CHARGE

| | | □ Lost | | | | | | | | |
|--|--|-----------------|-----------------------|--------------------|----------------------|--------------------|--|--|--|--|
| Account Number | | ☐ Stolen | | | CardBus Pass | | | | | |
| PLEASE PRINT CLEARLY | | | Affiliation: Employee | | Student O | ther Visitor | | | | |
| Last Name | | First Name | | | MI | | | | | |
| Mailing Address | _ | | City | | State | Zip Code | | | | |
| Cell Phone No. | Work Phone No |) . | E-m | nail address | | | | | | |
| | len on campus, a report must the law enforcement agency | | | | | olen off campus, a | | | | |
| Location of Loss/Theft: _ | _On CampusOff Campus | Da | te of Loss/Th | eft: | | | | | | |
| Narrative (give a detailed description of events which led to the loss/theft): | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| notify PTS Customer Re | nformation supplied on this form elations immediately. I understan nmediate impoundment of any v | nd that any sub | bsequent use o | of the reported mi | issing permit will r | | | | | |
| Signature | | | - | Date | | | | | | |
| Date entered: | | FOR OFFICE | USE ONLY | | Date recovered | : | | | | |
| Entered by: | | | | | Recovered By:_ | | | | | |
| Replacement cost: | | | | | | | | | | |