

VIRGINIA STATE UNIVERSITY

Stolen Decal Form

Academic Year 2022-2023

Date: ____/___/____

Name: _____

Social Security Number (last four): _____

Decal Number: _____

License Plat	e Number:	
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I, ______, verify that my 2022-2023 decal was stolen. I understand that if I find the decal, I will return it to the Cashier's Office immediately. I also understand that if the decal is found being used, the vehicle used will be booted or towed and may face additional actions. I accept the conditions of Section IV, Paragraph II of the VSU Parking Rules and Regulations Manual in order to obtain a replacement decal.

CASHIER'S OFFICE USE ONLY					
New Decal #	Price	Cashier	Date		

Issuing Parking Officer

Parking Services Specialist

Date

Date