



VIRGINIA STATE UNIVERSITY

Stolen Decal Form

Academic Year 2020-2021

Date: ____/____/____

Name: _____

Social Security Number: _____

Decal Number: _____

License Plate Number: _____

I, _____, verify that my 2020-2021 decal was stolen. I understand that if I find the decal, I am to return it to the Cashier's Office immediately. I also understand that if the decal is found being used, the vehicle using 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

Date

Parking Services Specialist

Date