



KENTUCKY STATE UNIVERSITY
PARKING DIVISION
400 East Main Street Frankfort, KY 40601
Telephone: 502-597-5986 Fax:502-597-5827

Lost, Stolen or Damaged Form

Date: _____

Name _____ KSU ID# _____

Address _____
Include : City, State and Zip

Old Decal# _____ Date lost, stolen or damaged: _____

Reason for Replacement:

I hereby certify that the above is a true and accurate statement.

Signature: _____

*****DO NOT WRITE BELOW THIS LINE*****

New Permit # _____ Date Issued: _____

Replacement Fee: ☐ \$20.00 1st time replacement ☐ \$ 40.00 2nd time replacement

Surrender of damaged Permit ☐ Yes ☐ No

Parking Officer Signature