

Western Connecticut State University
Division of Public Safety

Report of Lost/Stolen Vendacard

Name _____ Report Number VC _____
Phone _____
Address _____ City/State/Zip _____
Social Security Number _____
Occurrence Date _____ Time _____ Place _____

I declare that a vendacard assigned to me was Lost ___ /Stolen ___ under the following circumstances:

I understand that fraudulently use, possession of, or complicity in the use of a lost or stolen Western Connecticut State University Vendacard is punishable by administrative sanctions and/or criminal prosecution under the Connecticut Penal Code. I understand that if this Vendacard is found, I am to return it to the University Police Office.

I understand that the Connecticut General Statutes provide that persons making false reports to law enforcement authorities may be by imprisonment in jail for no more than one year or a fine not to exceed \$1,000, or both. (53a-157)

I hereby certify that this report is true and correct to the best of my knowledge.

Witness

Signature of Complainant