



# Lost/Stolen Parking Permit Report

National Institutes of Health

Employee Transportation Office | Bldg 31, Room 1A11 | 301-496-5050 | [nihparkingoffice@ors.od.nih.gov](mailto:nihparkingoffice@ors.od.nih.gov)

**IMPORTANT:** Action will only be taken when submitted personally to the Parking Office. Once this report is filed, the permit listed will be invalidated. If you find the missing permit, you must notify the NIH Parking Office. Limit one replacement permit per renewal cycle.

Name <i>(Last, First, Middle Initial)</i>		NIH ID _____	
Building/Room		Phone No	Date <i>(mm/dd/yyyy)</i>

Reason for Loss

- Lost     
  Stolen *(Provide Police Case #)*     
  Never Received In Mail  
 Other *(Explain)*

## Privacy Act Statement

**AUTHORITY:** 5 USC § 301 Departmental Regulations; 5 USC § 7905, Programs to Encourage Commuting by Means other than Single Occupancy Motor Vehicles; E.O. 12191, Federal Facility Ride Sharing Program; E.O. 13150, Federal Workplace Transportation, 41 USC §102-74.265, Parking Facilities, 41 USC §102-34 Motor Vehicle Management.

**PRINCIPAL PURPOSE(S):** To provide information on lost and stolen parking hangers to manage the NIH Parking program.

**ROUTINE USE(S):** Internal Division pursuant to principal purposes, and externally with the NIH Police. Additionally as requested by official investigations & inquiries.

**DISCLOSURE:** Voluntary; however, failure to provide the requested information may result in a non-issuance of a NIH Parking Permit. An applicant's NIH ID number, home address and vehicle information are used to retrieve and verify personal information, as well as identify vehicles on the campus. Applicants submitting this form must meet eligibility criteria.

## Statement & Certification

**WARNING:** I understand that it is a Federal crime under United States Code, Title 18, Section 1001, to make a false statement on this form. If I make a false statement, I may be subject to criminal prosecution including a fine of up to \$5,000 and/or administrative punishment, which may result in the termination of my federal employment. Various criminal and administrative punishments will include, but are not limited to the following: citation issued by the NIH Police, removal of vehicle from campus (towing), suspension of parking privileges for a period up to one year, and/or suspension of commuting subsidy benefits for a period up to one year. Lastly, any permit reported as a lost or stolen will be confiscated Immediately.

Employee Signature	Date Signed <i>(mm/dd/yyyy)</i>
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## For Official Staff Use Only

Missing Permit Number	Control Number
Replacement Permit Number	Follow Up Email Sent <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Parking Office Employee	Date Signed <i>(mm/dd/yyyy)</i>

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## Privacy Act Statement

**This statement is provided pursuant to the Privacy Act of 1974 (5 U.S.C. § 552a)**: The information requested on this form is authorized to be collected pursuant to 5 U.S.C. 1302, 2951, 4118, 4308, 4506, 7501, 7511, 7521 and Executive Order 10561. Completing the form is mandatory. Declining to provide any or all of the requested information may result in the withholding of final compensation to you by the National Eye Institute (NEI), National Institutes of Health (NIH), U.S. Department of Health and Human Services (HHS). The principal purpose for which the information will be used is to carry out personnel management responsibilities, including the proper disposition of government information and property. The information you provide will be included in a Privacy Act system of records, and will be used and may be disclosed for the purposes and routine uses described and published in the following System of Records Notice (SORN): 09-90-0018 Personnel Records in Operating Offices, HHS/OS/ASPER <https://www.hhs.gov/foia/privacy/sorns/09900018/index.html>