

## Lost/Stolen/Damaged Badge Declaration Form

I, (full name) \_\_\_\_\_ of

(Tenant/Company/Organization) \_\_\_\_\_, hereby declare  
my SIDA badge to be (Circle One) **LOST / STOLEN / DAMAGED**, and submit this request

on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_ for a replacement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

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### For Badge Office Personnel Use Only

Processing Trusted Agent Name: \_\_\_\_\_

Lost/Stolen/Damaged Badge # \_\_\_\_\_

Lost/Stolen/Damaged Badge Deactivation Date: \_\_\_\_\_

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Processing Trusted Agent Name: \_\_\_\_\_

Replacement Badge # \_\_\_\_\_

Replacement Badge Activation Date: \_\_\_\_\_

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