



Administration and Public Safety

Department of Transportation Services
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MALFUNCTIONING METER REPORT

Today's Date: _____ Ticket Number: _____

Report Received By: (circle one) **APPEAL** **OFFICER** **PHONE** **MAIL**
CASHIER **OTHER** (explain) _____

Meter Number: _____ Campus: _____

Explanation of Malfunction: _____

Name: _____ Permit Number: _____

Address (required): _____

City/State/Zip (required): _____

Signature: _____

Report Received By: _____

-----Public Safety Maintenance Only Below This Line-----

Meter was checked on (date): _____

Found To be: (circle one) **FUNCTIONING CORRECTLY**

MALFUNCTIONING

Comments: _____

Signature of Public Safety Maintenance: _____ Date: _____