

PLEASE PRINT CLEARLY

## CAMPUS PARKING PERMIT

ONE VEHICLE PER FORM PLEASE

RAM#: \_\_\_\_\_ Department or Curriculum: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

### VEHICLE INFORMATION

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate: \_\_\_\_\_ State: \_\_\_\_\_

**IMPORTANT!** IF THIS VEHICLE IS REGISTERED WITH THE DMV TO ANOTHER INDIVIDUAL; PLEASE PROVIDE VEHICLE OWNER INFO

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### FOR TRAFFIC DEPARTMENT OFFICE USES ONLY

Permit # Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Operator: \_\_\_\_\_

Status:      Student       Staff       Retired       Handicap       Resident       Other: \_\_\_\_\_

Payment:     Cash       Check       Charge