## **VISITOR/GUEST PARKING PERMIT REQUEST FORM**

## These Permits are for use by guests of the University ONLY. These permits may NOT be used by staff or students. The issuing department assumes all responsibility for the proper completion of the permit information.

- □ Requests are filled in the order they are received.
- In the event that we are unable to fill the requested order, you will be contacted for alternate arrangements.
- $\hfill\square$  All orders must be submitted a minimum of two business days prior to the pick-up date.
- All orders requested with less than two business days, if processed, will be subject to a RUSH fee of \$25.00 at Parking Services discretion.
- $\hfill\square$  Rush or large orders require approval by the Parking Services Manager.
- Parking Services is unable to guarantee availability in requested location or requests placed with less than one business day's notice.
- □ All permit orders are non-refundable and cannot be exchanged.

ONTACT NAME:	PHONE #:	TODAY'S DATE:
-MAIL:		
DEPARTMENT NAME and ADDRESS:		
USTIFICATION FOR PURCHASE (mandator	ry for FOAPs beginning wi	th 3XXXXX):
FOAP:		
NAME OF SIGNING AUTHORITY:	SIGNATURE:	
	7	
PERMIT TYPE: Choose a permit type	LOCATION: Choose a locati	ion QUANTITY:
PERMIT VOUCHER DATE:	PARKADE VOUCH	ER TIME (mandatory):
* Due to congestion issues, Parking Services will NO	 )T be able to guarantee spots fo	r any requests made for B Lot
PERMITS TO BE: PICKED-UP	INTER-DEPARTMENT M	
F PICK UP, PLEASE INDICATE NAME(S) OF	GUEST(S) OR DEPARTMEN	IT PERSONNEL PICKING UP PERMITS:
F INTER-DEPARTMENT MAIL:	ELIVER TO ADDRESS ABOV	E DELIVER TO THIS ADDRESS:
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SPECIAL INSTRUCTIONS/FUNCTION NOTES	5.	
SCAN AND EMAIL THE COMPLETED FORM TO PAR IF YOU HAVE MORE THAN ONE ORDER TO SUBMIT		CA, OR FAX TO 204-474-7658.

CASUAL PERMITS WILL EXPIRE MARCH 31 OF EACH YEAR.

