

FACULTY/STAFF CARPOOL PARKING PERMIT APPLICATION
UNIVERSITY OF COLORADO PARKING AND TRANSPORTATION SERVICES

1050 Regent Drive, Campus Box 502
 Boulder, CO 80309-0502

(303) 492-7384 Fax: (303) 735-5400 Website: <http://www.colorado.edu/pts>

Employee ID (PeopleSoft) _____
 Name (Last, First, Middle Initial) _____
 Dept. _____ Bldg. _____
 Local/Home Address _____
 City _____ State _____ Zip _____
 Local Phone _____ Work Phone _____
Email Address _____

Vehicle Information - Please use Parking Services codes

	State	License Plate #	Month & Year Expires	Make	Color	Body
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____

Carpool Members (required):

IMPORTANT NOTICE REGARDING CANCELLATIONS!

Please notify Parking Services prior to the first day of the month in which your cancellation is to be effective to ensure a timely stop of your payroll deduction. If you have a valid parking permit in your possession, you retain the right to park on campus. Accordingly, you must return your permit to Parking Services with a request to cancel your parking assignment before a cancellation will occur and any applicable refund will be made. Please remember that your parking permit is not transferable. You must comply with applicable state laws, municipal ordinances and CU-Boulder *Parking and Traffic Regulations* when operating vehicles on campus.

A minimum of two carpool members must be in vehicle to park in a carpool space. Spaces will be available on a first-com first-served basis each morning to carpoolers with lot 402 carpool permits. Should a member of a carpool cease regular carpooling, the carpool permit holder must notify PTS within one calendar week. Two additional weeks will be allowed to find another carpool member. After that the carpool permit must be cancelled with PTS within another week and a regular permit will be issued to replace it at no cost to the permit holder.

By my signature below, I authorize Parking and Transportation Services to deduct the appropriate parking fee from my salary each month in payment of parking fees.

Signature	Date
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OFFICE USE ONLY

Customer Account Number _____ RDN _____ Permit Type: Faculty/Staff Disability Motorcycle PM Volunteer Carpool
 Temporary Permit Number _____ Lot Number _____ Permit Fee _____ Paid Via _____ Valid _____ Expires _____

Permit Number _____ Lot Number _____ Paid Via _____ Check Number _____ IN number _____

Issued/Released By _____ Issue Date _____ Valid _____ Expiration Date _____ Permit Fee _____

Permit Entered/Sold By _____ Entered Date _____ Gate Card Number _____ Gate Card Deposit _____

Permit # Exchanged/Cancelled _____ Date Cancelled _____ Reason for cancellation _____

Permit # Reported Lost/Stolen _____ Date L/S _____ Paid L/S Fee Yes No Please Comment _____