

FACULTY/STAFF PARKING PERMIT APPLICATION
UNIVERSITY OF COLORADO PARKING AND TRANSPORTATION SERVICES (PTS)

1050 Regent Drive, 502 UCB
 Boulder, CO 80309-0502

(303) 492-7384 Fax: (303) 492-6116 Website: <http://www.colorado.edu/pts/>

Employee ID (PeopleSoft) _____

Name (Last, First, Middle Initial) _____

Dept. _____ Bldg. _____

Local Phone _____ Work Phone _____

Local/Home Address _____

City _____ State _____ Zip _____

Email Address _____

Vehicle Information - Please use PTS codes

	<u>State</u>	<u>License Plate #</u>	<u>Month & Year of Expiration</u>	<u>Make</u>	<u>Body Style</u>	<u>Color</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____

IMPORTANT NOTICE REGARDING CANCELLATIONS!

Please notify PTS before the 10th day of the month in which your cancellation is to be effective to ensure a timely stop of your payroll deduction. Return your permit to PTS with a request to cancel. (If you retain possession of a valid parking permit, PTS will continue to charge you for its potential use.) Please remember that your permit is not transferable to another person without PTS approval and must be registered to all vehicles in which it is displayed. You must comply with applicable state laws, municipal ordinances and CU-Boulder *Parking and Traffic Regulations* when operating vehicles on campus.

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 _____

OFFICE USE ONLY

Customer UID _____ RDN _____ Permit Type: Faculty/Staff Disability Motorcycle PM Carpool

Temporary Permit # _____ Lot # _____ Permit Fee _____ Paid Via _____ Valid _____ Expires _____ Initials _____

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

Issued/Released By _____ Issue Date _____ Valid _____ Expiration Date _____ Gate Card # _____

Payment Plan Set Up By _____ Entered Date _____ Permit Fee _____ 1-time deduct _____ (_____ /wk)

Permit # Exchanged/Cancelled/Lost/Stolen _____ Date _____ Total Amount Due _____ Until _____

Permit Type Prefix _____ Control Group _____ Payroll Code _____ Special Access _____

Comments: _____