

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) 735-5400 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 prior to the 10th 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 and are responsible for any applicable fees. Accordingly, you must return your permit to PTS 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.

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

Temporary Permit # _____	Lot # _____	Permit Fee _____	Paid Via _____	Valid _____	Expires _____	Initials _____
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Permit # _____ Lot # _____ Paid Via _____ Check Number _____ IN number _____

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

Permit Sold 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: _____