

Departmental Annual Parking Permit Application

Year: 2017/2018 Department Name: _____
 Dept #: _____
 Contact Person: _____
 Phone ext: _____ Email: _____

*Acceptance and Use of a Parking Permit Acknowledges compliance with the terms and conditions of the University of Guelph Parking and Traffic Regulations.
 Charges will not be processed until an agreed choice of Parking Locations has been determined and the permit issued.*

Permit application will not be processed until the Chair/Dean then your Vice President has authorized using Department Funding.

Coding

| <u>Qty</u> | <u>Fund</u> | <u>Unit</u> | <u>Grant</u> | <u>Project</u> | <u>Object</u> | <u>Amount</u> | <u>Auth</u> <u>Yes</u> | <u>Auth</u> <u>No</u> |
|------------|-------------|-------------|--------------|----------------|---------------|---------------|---------------------------|--------------------------|
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| | | | | | | | | |

Reason Requesting Permit (Floater/Departmental Van/Visitor Pass):

| <u>Vehicle Lic</u> <u>Plate #</u> | <u>Make</u> | <u>Model</u> | <u>Colour</u> |
|--------------------------------------|-------------|--------------|---------------|
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* **Department Authorization:** _____ / _____
 (Dean/Chair Signature) (Dean/Chair Print)

* **VP Authorization:** _____ / _____
 (VP Signature) (VP Print)

* **Both authorizations required to process this application.**

Date: _____

| | |
|-------------------------------------|---------------------|
| <i>For Parking Office Use Only:</i> | UID #: _____ |
| Date Entered: _____ | Lot Assigned: _____ |
| Permit #: (A) _____ | |