OVERNIGHT PARKING PERMITS				2024/25		
Contact:		**Department:**		**Authorization:**		
Ext:	**Email:**	**FUND**	**UNIT**	**GRANT**	**PROJECT**	**OBJECT**

Please email completed from to questions@parking.uoguelph.ca

Parking Use		Employee No. or Student I.D.	Name	Licence Plate(s)	Make	Model	Colour