

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

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

	<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 Parking and Transportation Services (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 our office with a request to cancel. (If you retain possession of a valid parking permit, charges will continue 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** _____ **Pre-Tax** **Post-Tax**

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: Payroll Credit Card Cash Check IN number _____

Issued/Released By _____ Issue Date _____ Expiration Date _____ Gate Card # _____ GC Fee _____ Paid Via _____

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: _____