

Parking and Transportation Services
Department Permit Application



<p>Department Number _____</p> <p>Department Name _____</p> <p>Contact Name _____ Phone Number _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ ZIP _____</p> <p>Email Address _____</p> <p><small>I agree to abide by the Colorado State University regulations governing the parking of motor vehicles on Colorado State University property. I understand that parking citations may be issued and fines imposed should I fail to follow these regulations. I am responsible for violations received by anyone using my permitted vehicle. I understand that Colorado State University is in no way responsible for vehicle damage while parked on university property. ALL PERMITS ARE ISSUED FOR THE EXCLUSIVE USE OF THE APPLICANT AND CAN BE USED ON ONLY ONE VEHICLE AT ANY GIVEN TIME.</small></p>	<p style="text-align: center;">PAYMENT METHOD</p> <p style="text-align: right;"><input type="checkbox"/> _____</p> <p><input type="checkbox"/> IO # _____</p> <hr/> <p style="text-align: center;">PLATE INFORMATION</p> <p>Vehicle License Plate Number _____ State _____</p> <p>Make _____ Model _____</p> <p>Color _____ Year _____</p>
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X _____ Date _____
 Signature of Applicant

OFFICE USE ONLY			
Permit Number(s) _____	Issue Date _____		Expiration Date _____
Customer UID _____	Bulk Permit Number _____	Medical? <input type="checkbox"/> A <input type="checkbox"/> H	Initials _____