

## 2017-2018 EMPLOYEE PARKING PERMIT

FILL OUT THIS APPLICATION TO PURCHASE YOUR FIRST TIME PERMIT AT THE PARKING OFFICE. (5th Ave & 18th Street)

RENEW YOUR PERMIT AT THE OFFICE OF THE BURSAR IN OLD MAIN.

YOUR CURRENT PARKING PERMIT WILL EXPIRE JUNE 30, 2017.

Employees parking on campus during the summer must renew/purchase permits by June 30 to avoid receiving citations

	Information (please p								
Last Nama		First Name			MI	901#			
Last Name		Pirst Name				n			
Department		Building		Room #	Campus Phone				
Home Address Street		City		State	Zip Phone with Area Code				
Home Address Street									
E-mail Address	<b>A</b>				CURRENT PERMIT #				
Vehicle In	formation	Ic.	IC-1-	Makinta Maka	Ι ,	/ehicle l	M - 1-1	lx	
	License Plate Number	State	Color	Vehicle Make	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/ enicie	wiodei	Year	
Vehicle #1		<u> </u>							
Vehicle #2									
Parking P	Permit Fees (Check the ap	ppropriate amou	nt of your park	ing permit)					
<b>ПАТ Е</b> моом п	ammita July 1 2017 Decem	shop 21 2017.	EIII voon	normita July 1 201	7 June 20 201	10		v	Vhole Year
SURFACE I	ermits July 1, 2017 - Decem	iber 31, 2017:	rull year	permits July 1, 201	/- June 30, 201	<u> </u>	\$82.50	<u></u>	\$165.00
	ENUE GARAGE PERMIT	Γ				H	\$132.50		\$265.00
	Garage Permit (Assignments		based on senio	rity)			\$132.50		\$265.00
	RMIT (For classes AFTER 4:0					H	\$52.50		\$105.00
TOTAL AMOUNT OF PAYMENT							,		·
Check	here for MU Handi	capped Par							
Vehicles parked in any designated handicapped space on campus must display a valid MU parking permit in addition to a state issued handicapped parking placard or license plate. Permit holders must also obtain a MU handicapped parking decal to affix to their regular MU parking permit. When selecting this option, you must provide a copy of your state issued handicapped registration card. The name on the registration card must correspond with the name on this application before the MU handicapped decal will be issued. Permits are valid in any designated handicapped parking space on campus.									
_	of Payment								
Payroll Dedi	uction (New Enrolle <u>es O</u> N	'LY)	□ <u>MU</u> RC	Marshall	_		9 month er	nployee 🔲	12 month employee
By my signat	ture below, I authorize the	correspondin	g monthly pa	yroll deduction fo	- r my annual p	arking	g permit.		
□Check: M	lake checks payable to Ma	rshall Univers	ity.		Check #				
□Cash: (Ca	ish payments must be mad	le in person. I	OO NOT send	l cash through the	mail)				
Credit Card	: AMEX	☐ MasterCard	d 🗌 Di	scover	☐ Visa				
Account Number Exp Date						Signature			
X									
Employe	e Signature (requir	ed to proc	ess applic	cation)		Date	e		
Office of the	e Bursar Use Only								
Permit # Validation #					Exp.				
	rice Use Only								
Verified by:	Permit #	Validation #	Expiration	Date Issued	Comments				
			<u> </u>						