

**University of Vermont Department of Transportation and Parking Services
 38 Fletcher Place, Burlington, VT 05405 - (802) 656 - 8686 - uvm.edu/tps
 2009 - 2010 Faculty/Staff Parking Permit Application**

UVM Issued ID. Number

- -

Last Name

First Name & MI

Permit # _____
Fee _____
Cash ___ Payroll _____
Check _____
Issued By _____
Issue Date _____
Exp. Date _____
Group _____

LOCAL ADDRESS OR CAMPUS ADDRESS

Address _____

City _____ State _____ Zip Code _____

Email _____ Phone _____

Vehicle #1

-

State

Vehicle #2

-

State

Make _____

Make _____

Color _____ Year _____

Color _____ Year _____

Style (circle one) 2D 3D 4D SW PU VN MC CV

Style (circle one) 2D 3D 4D SW PU VN MC CV

Plate Type (choose one)

Plate Type (choose one)

Passenger Car Truck Motorcycle

Passenger Car Truck Motorcycle

Check here to be placed on the Green Permit waitlist

- Emeriti or Retired
- Green
- White
- Orange / Brown
- Silver (Off-Site) -- FREE
- Compound
- Occasional Use (No Full time Permit) -- Initial Permits FREE
- Additional Permits -- Brown/Orange (peripheral) Additional per permit- --\$2.00
- Additional Permits -- White (proximate) Additional per permit- --\$3.00
- Additional Permits -- Green (main) Additional per permit- --\$4.00
- Carpool -- Carpool Partners _____

Please read the following paragraph carefully before signing below. Signing this document constitutes your legal signature and binding agreement to the terms set forth below.

By signing below I understand that I am responsible to know and comply with the University's Traffic and Parking Rules and Regulations as well as the process of appeals for citations incurred. I also understand that the above permit is for the sole use of the individual to whom it is registered, cannot be resold, photocopied or remanufactured, and is not transferable to any individual or any vehicles other than those registered above. I also understand it is my responsibility to return or exchange my permit should my employment status at the University change or end. I irrevocably elect to have my University compensation reduced via pre-tax payroll deduction each pay period at the rate in effect for the parking permit zone and type assigned to me, if applicable. I understand I am responsible for all parking citations issued to any vehicle registered to me. I also understand that by signing below I am authorizing the University to process a payroll deduction for any delinquent parking fines or permit fees that are sixty days past due. I understand, in accordance with University policy, correspondence from TPS will be sent to my UVM email account.

Signature: _____ Date: _____