

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

UVM Issued ID. Number

Last Name

First Name & MI

LOCAL ADDRESS OR CAMPUS ADDRESS

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Vehicle #1**

License Plate

State

-

Make \_\_\_\_\_

Color \_\_\_\_\_ Year \_\_\_\_\_

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

Plate Type (choose one) Passenger Car Truck Motorcycle

**REGISTERED OWNER INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE \_\_\_\_\_

EMAIL OR PHONE: \_\_\_\_\_

RELATIONSHIP TO DRIVER: \_\_\_\_\_

**Vehicle #2**

License Plate

State

-

Make \_\_\_\_\_

Color \_\_\_\_\_ Year \_\_\_\_\_

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

Plate Type (choose one) Passenger Car Truck Motorcycle

**REGISTERED OWNER INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE \_\_\_\_\_

EMAIL OR PHONE: \_\_\_\_\_

RELATIONSHIP TO DRIVER: \_\_\_\_\_

Resident \$330.00 Academic Year

Commuter Brown \$115.00 Academic Year

Gold (after 3:30pm only) \$69.00 Academic Year

Silver (Off-Site) -- FREE

Medical Student -- 1st & 2nd year; Brown \$115.00, Purple \$176.00; 3rd & 4th year Black \$329.00, thru 5/23

***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.***

- **I understand** 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 understand I am responsible for all parking citations issued to any vehicle registered to me.
- **I state** that all information provided is accurate (Relationship and Registered Owner) and I am eligible to register these vehicles as per University Parking Rules & Regulations.
- **I understand** the assigned 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 understand the consequence for this violation is referral to UVM Police Department and the Center for Student Ethics & Standards.
- **I understand** I am authorizing the University to bill my University Catscratch Account or subsequent payment will be forthcoming; in accordance to the payment method chosen. I understand, in accordance with University practice, correspondence from TPS will be sent to my UVM email account.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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