

**The University of Vermont
Transportation & Parking Services
38 Fletcher Place
Burlington, VT 05405**

Fax - (802) 656-6550

(802) 656-8686

www.uvm.edu/tps

VISITOR PARKING PERMIT REQUISITION

Please provide complete information:

Requesting Dept. _____ Dept. Address _____

Contact /Coordinator _____ Phone # _____ Email: _____

Date(s) of Event _____ Arrival Time _____ Departure Time _____

Name of Visitor or Group _____ Number of Permits _____

Building guest is visiting _____ (location of event, or where attendees will be staying)

Parking location will be determined by Transportation and Parking Services based on availability. Please indicate any special needs (i.e. handicapped, or access to other campus parking areas): _____

Please check one: Will pick up _____ Mail _____ Address if different from above _____

Chartstring: 80240 _____

Authorizing Signature _____

PLEASE DO NOT WRITE BELOW THIS LINE (OFFICE USE ONLY)

Number of Permits _____ Number Series from _____ to _____

Authorized Area(s) _____ Permit Dates from _____ to _____

Pricing: Regular _____ Summer Conf. _____ Cost per Permit _____ Total Cost _____

Payment Voucher (System Invoice) # _____ Bulk Invoice # _____ T2 Account # _____

Date _____ Issued by _____