UNIVERSITY PERSONNEL IN CHARGE OF PROJECT MUST COMPLETE THIS SECTION.

IMPORTANT: Applications will not be processed without this section filled out COMPLETELY, and signed.

AUTHORIZED DATE RANGE OF PROJECT: from: ____________________                to: ____________________

UVM DEPARTMENT: _____________________________________   PROJECT DESCRIPTION: _______________________________________

DEPARTMENTAL CONTACT AUTHORIZING PROJECT:

_________________________________________/_________________________________________/_______________________________________

SIGNATURE /   PRINTED NAME /   PHONE NUMBER (DIRECT LINE)

LOCATION OF PROJECT:  __________________________________________________________________________________________________

Chartstring, if department is paying: ______________________________________________

PLEASE REVIEW CAREFULLY BEFORE SIGNING:

- I understand I am responsible to know and comply with the University’s Parking Rules and Regulations as well as the process of appeals for citations incurred.

- I understand the assigned parking permit is for the sole use of the individual to whom it is registered and cannot be resold, photocopied, altered or remanufactured and is not transferable to any individual or any vehicles other than those registered with UVM Transportation and Parking Services.

- I understand all vehicles must display a valid permit at all times while parked on campus to avoid violation.

- I understand I am responsible for all parking citations issued to any vehicle while conducting business on our behalf and all citations not eligible for appeal must be paid in full before any parking permits are issued.

NOTE: THIS SIGNATURE WILL BE USED AS PROOF OF AGREEMENT TO THE TERMS ABOVE IN ANY SUBSEQUENT PARKING PERMIT PURCHASE DURING THIS PERMIT CYCLE WHERE A SIGNATURE MAY NOT BE OBTAINED.

Signature: _____________________________________________
Printed Name: _________________________________________
Date: _________________________________________________

The University of Vermont assumes no responsibility for damage to, theft from, or theft of any vehicle parked on University property. Motor vehicle accidents that occur in

VEHICLE #1
License Plate: ____________________ State: ____________________
Make ____________________ Color ____________________ Year ____________________

Style (circle one) 2Dr 4Dr SUV StWgn PkUp Van EV
Plate Type (circle one) Passenger Car Truck Motorcycle

VEHICLE #2
License Plate: ____________________ State: ____________________
Make ____________________ Color ____________________ Year ____________________

Style (circle one) 2Dr 4Dr SUV StWgn PkUp Van EV
Plate Type (circle one) Passenger Car Truck Motorcycle

OFFICE USE ONLY
Permit # ____________________ Type: ____________________
Start Date ____________________ End Date ____________________
Payment: ChStr Cat Cash CrCard Check
Fee: ____________________ Issued by: ____________________

Please feel free to add additional vehicles on the back of this form. Please include license plate, make, color, year, and vehicle type (2 door, 4 door, SUV, StWgn, PkUp, Van) and the type of plate (Passenger Car, Truck, Motorcycle).