# PARKING SERVICES

Section: 545-2  EXHIBIT E  

**Effective:** 07/01/1991  
**Supersedes:** 07/01/1987  
**Review Date:** TBD  
**Issuance Date:** 07/01/1991  
**Issuing Office:** Transportation Services

---

**REQUEST FOR PARKING PERMITS**

**THIS IS TO BE USED FOR DEPARTMENTAL RECHARGES ONLY**

**USE ONE BUDGET NUMBER PER FORM**

DATE: ____________________

<table>
<thead>
<tr>
<th>PERMIT TYPE</th>
<th>QUANTITY</th>
<th>SEQUENCE_ISSUED</th>
</tr>
</thead>
<tbody>
<tr>
<td>FULL DAY</td>
<td>(10 MINIMUM)</td>
<td></td>
</tr>
<tr>
<td>HALF DAY</td>
<td>(10 MINIMUM)</td>
<td></td>
</tr>
<tr>
<td>NIGHTLY</td>
<td>(10 MINIMUM)</td>
<td></td>
</tr>
<tr>
<td>WEEKEND</td>
<td>(10 MINIMUM)</td>
<td></td>
</tr>
<tr>
<td>WEEKLY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** IF YOU ARE REQUESTING A DEPARTMENTAL “A” OR “B” PARKING PERMIT PLEASE COMPLETE AN APPLICATION FOR PARKING PERMIT FORM AND RETURN IT WITH THIS ORDER.

DEPARTMENT: ________________

REQUESTING PARTY: ________________

EXTENSION: ________________ MAIL CODE: ________________ BUDGET NUMBER: ________________

AUTHORIZED SIGNATURE: ________________

THERE IS A 48-72 HOUR TURN-AROUND ON PERMIT RECHARGES. WE DO NOT SEND PERMITS THROUGH CAMPUS MAIL. YOU WILL BE CONTACTED WHEN PERMITS ARE READY FOR PICK-UP.

**********************************************************************

FOR OFFICE USE ONLY

1 ______  L ______
H ______  A ______
N ______  Q ______
W ______  M ______
O ______  4 ______
B ______  C ______

AMT. ____________________  

BATCH # ________________

RECHARGE

AMT. ____________________

DATE: ________________

BUDGET #: ________________