

For office use only
A/C #:

USF Parking & Transportation Services 2 HR Departmental Permit Information

For office use only
PERMIT #:

[-----Please Complete In Ink -----]

SECTION 1 APPLICATION INFORMATION (Please print or type)

CUSTOMER

Department Name

Contact Person:

Last Name Email

First Name

CAMPUS ADDRESS

Campus Address (Building/Room#) _____ Campus Phone# _____

Acceptance of this departmental permit acknowledges my department's compliance with University parking policies and guidelines.

This department pass must be displayed on the dashboard along with a valid faculty staff adhesive or hangtag. The pass is valid in any non-reserved / non-disabled parking space. (It may not be used in metered spaces).

This department pass is intended to provide University employees access to restricted areas for purposes of conducting employment-related business. The pass is for occasional short-term use only (2 hours maximum). IT IS NOT to be used for parking to attend class, for long term-parking while at one's regular job station, or for any personal reason.

Abuse of the intended purpose will result in revocation of this pass and immobilization of the violating vehicle. Alteration or duplication of this permit will result in fines in excess of \$100.00 and immobilization.

All members of my department utilizing the departmental permit have been advised of the above rules.

This permit is non-refundable.

Authorized Signature (Dean, Vice-President, Director)

Date

Please PRINT Name and Title

PAYMENT

Check the appropriate box and include all appropriate information: (First permit free of charge)

Total Amount Due for additional permits _____

If paying by direct billing, please fill out the appropriate information below:

Business Unit Operating Unit Fund Department

Product Initiative Project

Signature: _____ Date: _____

Authorization