

RESIDENT/FELLOW PARKING PERMIT REQUEST FORM

Last Name: _____ First Name: _____
 Home Address: _____ Department: _____
 City, State Zip Code: _____ Email Address: _____
 Mobile Phone: _____ Category: SODM Fellow
 Home Phone: _____ (check applicable) SOM Fellow
 Employer: _____ SODM Resident
 SOM Resident
 Visiting Resident
 Other _____

I do not park on campus and decline a parking permit. I understand that I must obtain a permit to park on campus.

VEHICLE/MOTORCYCLE REGISTRATION INFORMATION

Handicap Permit #: _____

	License Plate #	State	Make	Model	Color
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

PAYMENT INFORMATION

Payment Type: (check one) Cash Check Credit Card Transfer Voucher

IMPORTANT: If you no longer require parking you must return your permit to our office.

SIGNATURE

 Name (Please Print) Signature (Original Signature) Date

FOR OFFICE USE ONLY

Permit Issue Date: _____	Amount(s)	Payment Type: (check one per payment)			
Permit Cancel Date: _____	Paid:	Cash	Check	CC	TV
Permit Type/Permit #: _____	\$ _____				
Parking Signature/Date: _____	\$ _____				

Pay to the order of: UConn Health
 Parking, Transportation & Event Services
 263 Farmington Avenue, MC 8230, Farmington, CT 06030-8230
 Phone: 860-679-4248; Fax: 860-679-0194
 Email: parking.transportation@uchc.edu; Website: <http://www.health.uconn.edu/park>
 An Equal Opportunity Employer