

**EMERITUS/REHIRED RETIREE PARKING PERMIT REQUEST FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Department: \_\_\_\_\_  
 City, State Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_ Category:  Emeritus  
 Home Phone: \_\_\_\_\_ (check applicable)  Rehired Retiree

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

**VEHICLE/MOTORCYCLE REGISTRATION INFORMATION**

Permit Type: (check one)  **AREA 1**  **AREA 3** Handicap Permit #: \_\_\_\_\_

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

**PAYMENT INFORMATION**

Payment Type: (check one)  Cash  Check  Credit Card

**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) Paid:	Payment Type: (check one per payment)		
		Cash	Check	CC
Permit Cancel Date: _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permit Type/Permit #: _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking Signature/Date: _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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](mailto:parking.transportation@uchc.edu); Website: <http://www.health.uconn.edu/park>  
 An Equal Opportunity Employer