| ***Please Pri | nt*** Campu | ıs Police *** <mark>P</mark> | ************************************** | | | | |
|--|---|------------------------------|---|--|--|--|--|
| TO: All Staff and I | | | | | | | |
| From: Campus Po | lice Department | | | | | | |
| Subject: Faculty/Staff One-Year Parking Permits | | | | | | | |
| | s will be issued the sta y changes. Please Pr | | Please complete this form even | | | | |
| Name | Name Home Phone () - | | | | | | |
| Address | VVC Dept | | | | | | |
| City | Zip Code VVC Extension | | | | | | |
| *** Please Print*** Vehicle(s) To Be Used on Campus***Please Print *** | | | | | | | |
| Descriptions | Vehicle 1 | Vehicle 2 | Vehicle 3 (Purchased) | | | | |
| License Plate # | | | | | | | |
| State | | | | | | | |
| Make | | | | | | | |
| Model | | | | | | | |
| Vehicle Type* | | | | | | | |
| Color | | | | | | | |
| Year | | | | | | | |
| *Vehic | cle Types: 2-door/4-d | oor/ SUV/Motorcycle, | /Van/Pick-up | | | | |
| use this/these permi | it(s). This includes pe | | RTIFIED PERSON(s) to Tated. If for any reason I am nan Resources. | | | | |
| Signed Date | | | | | | | |
| ****** | ******* | ******* | ********* | | | | |
| | Please Retur | n to Campus P | olice | | | | |
| Office use only | | | | | | | |
| Permit# | | Date: | Date: | | | | |

| ***Please Pri | nt*** Campu | is Police | ***Plea | ************************************** | | | |
|---|------------------------|--------------------------------------|----------------------|--|--|--|--|
| From: Campus Po | lice Department | | | | | | |
| Subject: Part-Time | e Parking Permits | | | | | | |
| Faculty/Staff permits if you do not have any | | | | se complete this form even | | | |
| Name | Name Home Phone () - | | | | | | |
| Address | VVC Dept | | | | | | |
| City | Zip CodeVVC Extension | | | | | | |
| *** Please Print*** Vehicle(s) To Be Used on Campus***Please Print *** Descriptions Vehicle 1 Vehicle 2 Vehicle 3 (Purchased) | | | | | | | |
| License Plate # | venicie i | Vemele | | venicle 3 (1 urchaseu) | | | |
| State | | <u> </u> | | | | | |
| Make | | | | | | | |
| Model | | | | | | | |
| Vehicle Type* | | | | | | | |
| Color | | | | | | | |
| Year | | | | | | | |
| I certify that, under | t(s). This includes pe | ill I allow an U ersons related o | NCERTI r unrelate | IFIED PERSON(s) to ed. If for any reason I am | | | |
| Signed Date | | | | | | | |
| | Please Retur | | _ | ************************************** | | | |
| Office use only | | | | | | | |
| Permit# | Date: | Date: | | | | | |