

THE UNIVERSITY OF IOWA FACULTY/STAFF PARKING APPLICATION
 MULTI-YEAR: JULY 30, 2007 - AUGUST 2, 2009

PLEASE RETURN BOTH SECTIONS OF THE FORM TO THE PARKING OFFICE, IMU RAMP.

 Last Name First Name, MI

 Department

 Room Building

Faculty/Staff parking application for the parking period of JULY 30, 2007 - AUGUST 2, 2009. Please review provided information and update as necessary. Provide vehicle and license plate information. Applicant must sign form.

TO CANCEL PARKING: PERMIT AND ACCESS CARD, IF APPLICABLE, MUST BE RETURNED TO THE PARKING OFFICE.

The University of Iowa requests this information for the purpose of processing your parking request. No persons outside the University are routinely provided this information except for items of directory information such as name and local address. Responses to all items are required. If you fail to provide the required information, the University may deny your parking request.

If this application is approved, permission is hereby granted to deduct the parking fee from my University payroll check. (If not on University payroll, payment must be sent with this application.) This is not a lease for parking space but merely a registration for parking privilege only. The University and its officials have and assume no responsibility for cars parking in the lots. I understand that any parking privilege issued to me is for my own convenience in connection with my duties with the University AND THAT PRIVILEGE MAY NOT BE USED BY ANY OTHER PERSON. I also understand that any monetary sanctions for parking violations that are billed to my University account may be deducted from my salary check if they are not paid after the initial billing.

OFFICE USE ONLY

Your parking lot assignment and permit for 2007-2009

Lot _____ Permit Information _____ Date Issued _____

THE UNIVERSITY OF IOWA FACULTY/STAFF PARKING APPLICATION
 MULTI-YEAR: JULY 30, 2007 - AUGUST 2, 2009

OFFICE USE ONLY

CARD# _____

LOT _____

PERMIT _____

ISSUED _____

 Last Name First Name, MI University ID Card No

 Department Jobcode

 Room Building UI Hire Date

HOME/RESIDING ADDRESS INFORMATION

 Address

 City State Zip

 Assigned Lot Work Hours

ANNUAL RATES			
07-08	08-09 (Proposed)		
\$900	\$984	RAMP RESERVED	<input type="checkbox"/>
\$528	\$552	SURFACE RESERVED	<input type="checkbox"/>
\$336	\$384	HANCHER OR ARENA LOT	<input type="checkbox"/>
\$228	\$240	COMMUTER	<input type="checkbox"/>
\$75	\$81	MOTORCYCLE	<input type="checkbox"/>
METHOD OF PAYMENT			
PREPAID			<input type="checkbox"/>
PAYROLL DEDUCT			<input type="checkbox"/>
NO CHARGE			<input type="checkbox"/>

VEHICLE LICENSE PLATES MAKE-MODEL-COLOR

1. _____ 1. _____

2. _____ 2. _____

If this application is approved, permission is hereby granted to deduct the parking fee as noted above from my University payroll check. (If not on University payroll, payment must be sent with this application.) This is not a lease for parking space but merely a registration for parking privilege only. The University and its officials have and assume no responsibility for cars parking in the lots. I understand that any parking privilege issued to me is for my own convenience in connection with my duties with the University AND THAT PRIVILEGE MAY NOT BE USED BY ANY OTHER PERSON. I also understand that any monetary sanctions for parking violations that are billed to my University account may be deducted from my salary check if they are not paid after the initial billing.

Approved: Dean or Department Head _____ Date _____ Signature of Applicant _____