



STUDENT PARKING PERMIT APPLICATION INFORMATION

1. The student will complete an application for each vehicle parked at Flagstaff Medical Center.
2. Education will return the application(s), with a numbered parking permit attached, to the student.
3. The sticker is to be placed in plain view on the inside right hand corner of the front windshield.
4. **Hospital Guideline of Practice # 700-09 contains the parking guide and policy.**
5. Student vehicles parked at FMC that do not display a parking permit sticker will be ticketed, and may be immobilized or towed at owner's expense.
6. **Students will park in designated employee areas only.**
7. Students will follow the directives of Security Services personnel in regards to parking regulations and enforcement.

STUDENT PARKING PERMIT APPLICATION

This application is for: Primary vehicle **and/or** Secondary (or more) vehicle

Replacement permit (lost, new windshield, etc) – Permit # (if known): _____

Replacement vehicle (vehicle to be removed from system): _____

STUDENT INFORMATION:

Name: _____

FMC Dept: _____

INSTRUCTOR Name: _____

School: _____

Begin date _____

End Date _____

VEHICLE INFORMATION:

Year: _____ Make: _____

Model: _____

License Plate #: _____ State: _____

Color: _____

Temporary License Plate – NOTIFY SECURITY OF PERMANENT PLATE NUMBER WHEN ISSUED

Year: _____ Make: _____

Model: _____

License Plate #: _____ State: _____

Color: _____

Temporary License Plate – NOTIFY SECURITY OF PERMANENT PLATE NUMBER WHEN ISSUED

Student Signature

Date

****Your signature indicates an understanding of the above application information****

OFFICE USE ONLY

Date Issued: _____

Permit#: _____

Issued By: _____

Check when entered in computer: