

Contractor Parking Permit Application

Please fill out each item. Incomplete forms will not be accepted.



2150 Kittredge Street
First Floor
Berkeley, CA 94720-5740

Tel: (510) 643-7701
Fax: (510) 642-9004

<http://pt.berkeley.edu>

Choose One: Contractor Consultant Other

Project Name:

Date Requested: Jobsite Telephone:

Project Acct #: Project Manager:

Project Location:

Duration of Project: –
(start date) (End date)

Preferred Parking Location Number of Permits Requested

Number of Parking Spaces Requested

Contractor: Contact Person:

Contractor Billing Address:

Contractor Telephone: Fax: Cell:

Payment Method:

IOC Check/Cash Credit Card

TYPE	# OF MONTHS/DAYS	FEE	TOTAL FEE DUE
Monthly Permit Fee		\$165.00 per Month	
Daily Permit		\$20.00 per Day	
Parking Spaces		\$20.00 per space per day	
TOTAL:			\$

- I verify that the above information is correct to the best of my knowledge.
- I understand that parking permits are subject to revocation if incorrect information is given or if published rules are violated.
- Permit must be displayed face-up on the rear view mirror at all times while the vehicle is parked.
- Overnight parking is not allowed on campus.
- Duplication, alteration or misuse of the permit will result in a \$258 citation and revocation of parking privileges.
- You are responsible for all permits until they are returned to the Parking & Transportation office or until they expire.

Authorization signature

Date

Name (please print)

Campus Phone Number

Email Address