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<b>STAFF KEYS</b>
<input type="checkbox"/> Ent.
<input type="checkbox"/> Mast.
<input type="checkbox"/> Supl.
<input type="checkbox"/> Cab: _____
<input type="checkbox"/> Bldg. Card: _____

**FALL 2016**  
**UTC Faculty Staff Parking Permit Form**  
**GARAGE**

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Home Address & Zip Code: \_\_\_\_\_  
\_\_\_\_\_  
Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_  
(cell) \_\_\_\_\_  
Email: \_\_\_\_\_

<b>PERMIT CARD INFORMATION to be filled out by staff</b>
Number on Access Card: _____
<b>Date issued/re-issued</b> _____ <b>Staff initials</b> _____

**VEHICLE INFORMATION:**

Make, Model, & Color of Vehicle: \_\_\_\_\_  
License Plate Number with State: \_\_\_\_\_  
Alternate Vehicle Make, Model, & Color: \_\_\_\_\_  
Alternate Vehicle License Plate Number with State: \_\_\_\_\_

I understand that I am responsible for the cost (currently \$20) of replacing any lost or stolen access cards (keycards). I understand that I must return the parking access card on **the day that the grades are due** each semester or my department chair will be notified. Keycards not returned on time may be deactivated. In which case, the cardholder will be charged a \$20 fee.

Signature: \_\_\_\_\_ Date \_\_\_\_\_