

THE UNIVERSITY OF IOWA FACULTY/STAFF PARKING APPLICATION
MULTI-YEAR: AUGUST 3, 2009 - JULY 31, 2011

**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 **AUGUST 3, 2009 - JULY 31, 2011**. 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.

<u>OFFICE USE ONLY</u>		
Your parking lot assignment and permit for 2009-2011		
Lot _____	Permit Information _____	Date Issued _____

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MULTI-YEAR: AUGUST 3, 2009 - JULY 31, 2011

Last Name First Name, MI University ID Card No

Department Jobcode

Room Building UI Hire Date

<u>OFFICE USE ONLY</u>
CARD# _____
LOT _____
PERMIT _____
ISSUED _____

HOME/RESIDING ADDRESS INFORMATION

Address

City State Zip

Assigned Lot Work Hours

ANNUAL RATES

09-10	10-11		
\$984	TBD	RAMP RESERVED	<input type="checkbox"/>
\$552	TBD	SURFACE RESERVED	<input type="checkbox"/>
\$384	TBD	HANCHER OR ARENA LOT	<input type="checkbox"/>
\$240	TBD	COMMUTER	<input type="checkbox"/>
\$81	TBD	MOTORCYCLE	<input type="checkbox"/>
<u>METHOD OF PAYMENT</u>			
PREPAID			<input type="checkbox"/>
PAYROLL DEDUCT			<input type="checkbox"/>
NO CHARGE			<input type="checkbox"/>

VEHICLE LICENSE PLATES

MAKE-MODEL-COLOR

1. _____ 1. _____

2. _____ 2. _____

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Approved: Dean or Department Head

Date

Signature of Applicant