

Student

FOR OFFICE USE ONLY:

DATE:

SOLD BY:

DECAL #

 24 HOUR/DAY PERMIT
SEE PAYMENT SCHEDULE EVENING/WEEKEND PERMIT
WITH CLIFTON GARAGE ACCESS
VALID MONDAY-FRIDAY 4:00PM-8:00AM
AND ALL DAY ON WEEKENDS (\$100.00) EVENING/WEEKEND PERMIT
VALID MONDAY-FRIDAY 4:00PM -8:00AM
AND ALL DAY ON WEEKENDS
IN SURFACE LOTS ONLY (FREE)**DRIVER REGISTRATION**

LAST NAME:

STUDENT ID:

(REQUIRED)

FIRST NAME:

PERMANENT ADDRESS:

STREET ADDRESS:

STATE:

CITY:

ZIP:

HOME PHONE #:

ALT. PHONE #:

VEHICLE REGISTRATION:**PRIMARY****SECONDARY**

LICENSE PLATE #:

STATE:

LICENSE PLATE #:

STATE:

MAKE:

YEAR:

MAKE:

YEAR:

AUTO COLOR:

AUTO COLOR:

PLEASE CHECK ONE:COMMUTER RESIDENT

RESIDENCE HALL:

ROOM #:

FRESHMAN SOPHOMORE JUNIOR SENIOR GRAD

CAMPUS PHONE NUMBER:

DAY FULL-TIME EVENING PART-TIME

AGREEMENT: THE UNDERSIGNED AGREES TO ABIDE BY THE UNIVERSITY PARKING RULES & REGULATIONS AND IN EXCHANGE FOR PARKING PRIVILEGES AND PERMISSION TO OPERATE A MOTOR VEHICLE IN THE UNIVERSITY CAMPUS FURTHER AGREES:

- (1) THAT DEPAUL UNIVERSITY MAY CAUSE ANY VEHICLE PARKED IN VIOLATION OF ITS PARKING REGULATIONS TO BE TOWED IMMEDIATELY AT THE OWNER'S EXPENSE.
- (2) TO PAY THE COST OF TOWING THE VEHICLE
- (3) TO DISPLAY PERMIT FROM REAR-VIEW MIRROR AT ALL TIMES – A \$20.00 FEE WILL BE CHARGED FOR A LOST PERMIT.

DATE: _____**SIGNATURE:** _____**PAYMENT: (MAJOR CREDIT CARD ACCEPTED, DO NOT SEND CASH)**

AMOUNT \$:

CHECK CASH (ONLY IN PERSON) CREDIT **CREDIT CARD INFORMATION**

CREDIT CARD #:

DISCOVER VISA MASTER CARD

AMOUNT CHARGED \$:

AUTHORIZED CARD

EXPIRATION DATE

BEARER SIGNATURE: _____

MONTH/YEAR: