

## Department Reserve Parking Form 2150 Kittredge Street, Berkeley, CA 94720

Fax to (510) 642-9004

Department: Today's Date:  Address: Mail Code:  Department Contact Person: Phone:  E-mail: Charge Account Name:  Business Unit: Account: Fund Code: Dept Id: Prog Code: Chartfield 1: Chartfield 2:  Departmental Reserve Space Location					
PERMIT TYPE <sup>1</sup>	QTY.	PERMIT FEE	TOTAL FEE DUE	BULK INV. #	PERMIT #(S)
Departmental Pool		\$1,680.00			
Departmental Reserve Space <sup>2</sup>		\$2,616.00			N/A
24 Hour Space Administrative Fee (one-time per space fee required)		\$503.00			N/A
			TOTAL:	\$	
1 Detailed descriptions of each permit type are attached to this form. Please make sure you read and understand the restrictions for each permit type before placing your order. (Note that some permits are non-refundable.) Please keep the attached permit type description for your records.  When ordering additional Departmental Reserve Spaces, you must attach a letter signed by Department Head stating the why the space is needed, who will use th space, and the consequences of not having the space.					
Authori zed Signature Date					
For Permit Services Use Only					
Order #	Pern	nit#	Customer #		