

Fax to (510) 642-9004

| Department (no acronyms): | Today's Date: |
|---|----------------------|
| | |
| Address: | Mail Code: |
| | |
| Department Contact Name (last name, first name) | Phone: |
| | |
| E-mail: | Charge Account Name: |
| | |
| Business Unit: Account: Fund Code: Dept Id: Prog Code: Chartfield 1: Chartf | ield 2: |
| | |
| Departmental Reserve Space Location | |
| | |

| PERMIT TYPE ¹ | QTY. | PERMIT FEE | TOTAL FEE DUE | BULK INV. # | PERMIT #(S) |
|--|------|-----------------------|------------------|-------------|-------------|
| Univ ersi ty Vehicle | | \$1,680.00 | | | |
| Visitor Permit: Central Campus Lots | | \$1 6.00 (per tag) | | | |
| Visitor Permit: Faculty/Staff Lots | | \$12.00 (per tag) | | | |
| Loading/Unloading | | \$140.00 | | | |
| TOTAL: | | | \$ | | |

Permits must be picked up by requestor

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.

| Authori zed Signature | Date |
|-----------------------|------|
| | |

For Permit Services Use Only

| Order FT # | Permit # | Customer# |
|------------|----------|-----------|
|------------|----------|-----------|