## Parking Permit Application Form

Click fields to enter information online, then print and sign this form.



2150 Kittredge Street First Floor Berkeley, CA 94720-5740

Tel: (510) 643-7701 Fax: (510) 642-9004

http://pt.berkeley.edu

## Applications must be submitted in person. We do not accept forms by fax or mail.

O FFICE USE O NLY :	Personal /Department/	TAL INFORMAT	TION	DAIE:	
Customer Account No:	Name:		First		MI
Payroll Deduction Start Date:	UC ID:				
PERMIT INFORMATION	PayrollTitle (UC Staff o	only):		Title Cod	e:
Permit Type:	Campus Dept:				
Permit No:	Campus Address:			Mail Code	2:
Exp:	Campus Phone:				
Туре:	Home Address:		(	City	State Zip Code
No:	Home Phone:			•	
Shuttle Card #:	E-mail Address:				
Permit: \$	VEHICLE INFORMATION				
Annual transportation Fee: \$	Vehicle 1				
Total Amount Paid:	license plate no.	state year	make	model	
Notes:	Vehicle 2				
	license plate no.	state year	make	model	
Processed by:	Motorcycle/Moped				
	license plate no.	state year	make	model	

## PAYMENT METHOD

OPTION 1:	Start monthly payroll deduction (Faculty/Staff only)			
Note: Payroll deduction authorization will be in effect until Parking & Transportation receives a written cancellation request.				
I authorize \$	to be deducted each month from my paycheck.X			
OPTION 2:	Pay annual fees in full - Accepted form of Payment (in person only)			
🖵 Cash )	□ Check # (payable to UC Regents) □ Credit Card: □ Visa □ MasterCard □ Discover			

I understand that parking permits are subject to revocation if incorrect information is given or if published rules are violated. I understand that the parking permit issued to me does not guarantee me a parking space. I understand that I am responsible for this permit as long as it is in my possession. There is a \$35.00 replacement fee due if permit is lost or discarded. Alteration, Duplication, Misuse, Transfer or Resale of this permit is prohibited.

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