

## TRANSPORTATION **SERVICES** PARKING PERMIT APPLICATION

## FOR TEMP/CONTRACTOR/EMERITUS FACULTY

Number

Office Use Only

Type

**PERMIT** 

	,	1	Rec'd	By	
Date of Application://			Processed	By	
PLEASE PRI	Month Day			MailPickupVerified	
First	MI	Last Name	Cell Phone Number		
SCU ACCESS Card # or Cell Number			SCU Department & Building (Where you work)		
Street Address		Apt.	Contact person E-Mail A	Contact person E-Mail Address	
City, State &	& ZIP		Date Date Date Delivered Via: Delivered Via: Date Delivered Via: Delivered Via: Delivered Via: Date Delivered Via: Delivered Via: Delivered Via: Delivered Via: Date Delivered Via: Delivered Via: Date Delivered Via: Delivered Via: Delivered Via: Delivered Via: Delivered Via: Delivered Via: Date Delivered Via: Delivered Via: Delivered Via: Date Delivered Via: D		
VEHICLE	<b>INFORMATION:</b>	License Plate:		Number	
Year	Make	Model			
Quarterly	_	nter (10/1-3/31)  Fall(10/1-12	Semi-Annual W	inter/Spring (1/1-6/30)	
Reduced I	Fee* ( <b>F</b> ) Lots: O Ar	nual \$260 Ser	nnual \$140 Quarterly	(Free with purchase of Annual B Permit) y \$90	
	of Payment Credit Ca	ard (Taken in person or b	by phone only)		
O <sub>De</sub>	Deet Address Apt.  Apt. Apt.				
			ditions of SCU Traffic and Parl		portati
Signature_			Date:		
—Please	indicate how you wish to	receive permit —			
	O Pickup(After 7 to	10 business days)	O Mail	* (10 – 20 business days)	

\*Replacement fee is \$15 if permit is lost or stolen.\*