

TD A NCDODT ATION

anta Clara University	SERVICE PARKING PE APPLICATI	S CRMIT ION	Office Use Only PERMIT Type	TOR/EMERITUS FACUL Number	
Pate of Applica		/	Rec'd	By	
LEASE PRINT OF	R TYPE INFORMATION	<u>N</u>	Delivered Via:US	S MailPickupVerified	
irst	MI	Last Name	Cell Phone Number		
CU ACCESS C	ard # or Cell Number		SCU Department & Buil	lding (Where you work)	
Street Address Apt.			Contact person E-Mail A	Contact person E-Mail Address	
City, State & ZIP)				
EHICLE INFO	ORMATION:	License Plate:	State	Number	
ear	Make	Model	Color	Body style	
F* (Re	neritus Faculty) educed Fee Lot or I nual Permit (7/1-6/3	Disabled)	N (Night Permit, Valid After Semi-Annual		
O Sen	ni-Annual Fall/Win	ter (10/1-3/31)	Semi-Annual W	7inter/Spring (1/1-6/30)	
Quarterly: O	Summer (7/1-9/30)	O Fall(10/1-1	2/31) OWinter (1/1-3/3	Spring (4/1-6/30)	
N-After 4:30 P Reduced Fee* (M: Annual \$2	ual \$260 Se	nnual \$140 Quarterl	Motorcycle \$95 (Free with purchase of Annual B Permit) y \$90 arterly \$120	
-Method of Pa		d (Taken in person or t	ny nhana anly)		
O Check		u (i aken in person or t	by pnone only) Budget Mgr. Sign	ature:	
(For De	udget Account: pt. expense transfer/F	TAR)	Rudget Mor Nam		

Signature of Applicant signifies acceptance of terms and conditions of SCU Traffic and Parking Plan, located at www.scu.edu/transportation; and, if indicated above, authorizes payment via Department budget Account.

Budget Mgr. Name:

Signature	Date:	
—Please indicate how you wish to receive permit —		_
Pickup(After 7 to 10 business days)	Mail* (10 – 20 business days)	
Replacement fee is \$15 if perm	it is lost or stolen.	