

AILDI PARKING PERMIT APPLICATION

Permit valid June 6—July 2, 2011

CONTINUING EDUCATION
Stamp & initial Payment Method

___ IDB ___ Customer Pays

PERMIT CHOICE:

___ \$41 ZONE 1

___ \$59 HIGHLAND AVE GARAGE

PTS ACCOUNT # _____

Last Name First Name Middle Initial

Local Street Address Apartment Number

City State Zip Code

E-mail Address: _____ Local Phone #: _____

Vehicle Information

For each new vehicle, attach a copy of a State issued document showing license plate number.

License Plate	State	Vehicle Year	Make	Model	VIN (for Temp Plate ONLY)

Method of Payment (Cash Not Accepted)

___ Check or money order (*payable to The University of Arizona*) Check #: _____

___ Credit Card (Visa, MC, AmEx) Card Number _____ Exp Date _____

Security Code _____ Print name as it appears on card _____

Required for credit card payment: Signature _____

LOST OR STOLEN PERMITS ARE NOT REPLACED FREE OF CHARGE

I certify that each and every motor vehicle registered to this permit will remain in compliance with State of Arizona Emissions Standards during the entire registration period (ARS 15-1627G). I also affirm that the information supplied on this form is complete and true. I understand that failure to comply with the requirements stated in The University of Arizona Motor Vehicle Parking and Traffic Regulations and Arizona Revised Statutes 49-542 and 15-1627G may result in the assessment of fees and fines, impoundment or other institutional enforcement and/or disciplinary action.

Signature

Date

Permit Number

For Office Use Only