

AFFILIATE PARKING PERMIT REQUEST FORM

Last Name: _____ First Name: _____

Home Address: _____ Department: _____

City, State Zip Code: _____ Email Address: _____

Mobile Phone: _____ Category: _____

Home Phone: _____ (check applicable) _____

Employer: _____

☐ Contractor
☐ Non-UConn Health Employee
☐ Physician
☐ Volunteer
☐ Other _____

I do not park on campus and decline a parking permit. I understand that I must obtain a permit to park on campus.

VEHICLE/MOTORCYCLE REGISTRATION INFORMATION

Handicap Permit #: _____

	License Plate #	State	Make	Model	Color
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

PAYMENT INFORMATION

Payment Type: (check one) ☐ Cash ☐ Check ☐ Credit Card ☐ Transfer Voucher

IMPORTANT: If you no longer require parking you must return your permit to our office.

SIGNATURE

Name (Please Print) Signature (Original Signature) Date

FOR OFFICE USE ONLY

Permit Issue Date:	Amount(s)	Payment Type: (check one per payment)			
Permit Cancel Date:	Paid:	Cash	Check	CC	TV
Permit Type/Permit #:	\$				
Parking Signature/Date:	\$				

Pay to the order of: UConn Health
 Parking, Transportation & Event Services
 263 Farmington Avenue, MC 8230, Farmington, CT 06030-8230
 Phone: 860-679-4248; Fax: 860-679-0194
 Email: parking.transportation@uchc.edu; Website: <http://www.health.uconn.edu/park>
 An Equal Opportunity Employer