Administrative Support Services

AFFILIATE PARKING PERMIT REQUEST FORM

Last Name: _____ First Name: _____

Home Address: _____ Department: _____

City, State Zip Code: _____ Email Address: _____

Mobile Phone: _____

Home Phone: _____

Employer: _____

Category: *(check applicable)*

- ☐ 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.

Reason: _____

Please clarify how you will be traveling to and from campus if you are declining a parking permit.

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: _____

Permit Cancel Date: _____

Permit Type/Permit #: _____

Parking Signature/Date: _____

Amount(s) Paid:

$ _____

$ _____

Payment Type: ***(check one per payment)***

Cash	Check	CC	TV

Pay to the order of: UConn Health
Administrative Support Services
263 Farmington Avenue, MC 8230, Farmington, CT 06030-8230
Phone: 860-679-4248; Fax: 860-679-0194
Email: parking.transportation@uchc.edu
Website: https://www.uconnhealth.org/parking
An Equal Opportunity Employer