

RESIDENT/FELLOW PARKING PERMIT REQUEST FORM

Last Name: _____ First Name: _____

Home Address: _____ Department: _____

City, State Zip Code: _____ Email Address: _____

Mobile Phone: _____ Category: _____

Home Phone: _____

Employer: _____

- (check applicable)
- SODM Fellow
 - SOM Fellow
 - SODM Resident
 - SOM Resident
 - Visiting Resident
 - 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: _____	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
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