Customer Acct #

USF St. Petersburg Parking Services

Staff & Faculty Vehicle Information

[----------Please Complete In Ink----------]

For office use only
PERMIT #:

CUSTOMER

Last Name **First Name**

EMPL ID 0 0 0 0 0 0 **Email**

Driver's License Number - - - -

Status *(check one):* ☐ Faculty/Staff ☐ Adjunct/OPS

HOME ADDRESS

Street

City **State** **ZipCode** -

Home ( ) - **Office** ( ) -

VEHICLE

State **License Plate** **Vehicle Year**

Make / Manufacturer (e.g., Ford, Jeep, Chevrolet)

PERMIT

Type: ☐ Green Staff Semester **($107.00)** ☐ Gold Staff (**Yearly ONLY**) **($354.17)**

(check One) ☐ Green Staff Yearly **($210.79)** ☐ Reserved (**Yearly ONLY**) **($844.23)**

Style: *(check one)* ☐ Cling Tag ☐ Adhesive **(Open Vehicles with Vehicle Registration - Annual ONLY)**

Payment Options are cash, check, money order, Visa or Mastercard

PAYROLL DEDUCTION

By signing this section you are authorizing the University of South Florida's payroll department to make payroll deductions for up to 16 biweekly pay periods per permit year. The amount of the deduction will be determined by the permit that you select on this application. It is your responsibility to report any errors to the permit office if the amount being deducted is incorrect. If employment is ended you **must** return your permit and pay any outstanding parking fee balances.

I elect to take my permit payroll deduction:

Empl ID 0 0 0 0 0 0

Employee Signature :

(Only available to Faculty, Staff or A&P employees requesting an annual permit)

All information provided to the University of South Florida on this document is accurate and complete and I understand fines and penalties may be assessed for misrepresentation. Receipt of this permit acknowledges my acceptance of responsibility for all violations associated with this permit and compliance with University parking policies and guidelines.

Signature: _____ ***Date:*** _____

Revised 7/2009