

Parking Coordinator Letter 2018-2019

Date:				
Department Name:				
PeopleSoft #:				
4 Digit Dept #:				
Coordinator Name:				
Coordinator Ph#				
Coolumator Fin				
Choose 1 in each section	Assign Zone and/or Can (Cancelled permits will be held in department's all Employee Status: Permanent □ Temporary		location unless issue	
	☐ University Paid	University Paid Other		Group B: \$50,000 up to \$100,000
	☐ Biweekly	☐ Monthly	Group C: over \$100,000	
*Temporary Permit: Issue from, 20 until, 20				
Customer Name			Vehicle Information	
Nan			License Plate#/State	
PII	D		Make	
Addr	ess		Model	
Cit	у		Vehicle Type Circle One	Four Door / Hatchback / Motorcycle / Scooter SUV / Station wagon / Truck / Two Door / Van
Sta	te		Color/Year	
Zij	р		Owner or Driver	
Reminder: Permits are prorated every Monday. Example: A permit purchased on a Friday would be charged for the entire week.				
For Office Use Only: Date of Transaction: Cashier: JC JT JW KC NF JF MM SK				
Transportation and Parking				