Parking Services



All complete: Last Name:	First Name:			
Driver's License Number:			State:	
Home Address – Street:				
City:	State:		Zip Code:	
Cell Phone:		Work/Business Phone:		
Vehicle – State: Lice	nse Plate:	Vehicle Year:	Ma	ke (e.g., Ford):
Student USF ID# U _				
Permit (check one):		Resident Hall Ye		- Motorcycle Yearly
NOTE: All motorcycles (residen lot 8 with valid USF motorcycle		ark in the designated area	on level 3 in t	he parking garage and parking
Affiliate or Vendor Company Name Permit (check one):				
Employee USF ID# U				
Permit (check one):	-	Gold Yearly Motorcycle Yearl		
NOTE: All employee motorcycle	es must park on level 3 i	n the Parking Garage with	n valid USF m	otorcycle permit.
By providing your Empl ID and sign deductions for up to 16 biweekly pa on this application. It is your responsis ended you <u>must</u> return your perm Must supply Empl ID in order	y periods per permit year. sibility to report any errors it and pay any outstanding	The amount of the deduction to the permit office if the arrangement parking fee balances.	will be determ	ined by the permit that you select
Empl ID	Employee sign	nature authorization deduc	etion:	
All information provided to the Uni for misrepresentation. Receipt of th compliance with University parkin https://www.stpetersburg.usf.edu	versity of South Florida on is permit acknowledges mg policies and guidelines.	y acceptance of responsibility	ty for all violati	ions associated with this permit and
Payment options are Check, Mon	ney Order, Visa, Master	Card, American Express o	or Discover. Ca	ash is not accepted.

Date: _____

Signature: