

Departmental Black Zone Permit Application (May - April)

Year: 2023/2024

Department Name: _____

Dept #: _____

Contact Person: _____

Phone ext: _____

Email: _____

Acceptance and Use of a Parking Permit Acknowledges compliance with the terms and conditions of the Parking Policy and Regulations.

Charges will not be processed until an agreed choice of Parking Locations has been determined and the permit issued.

Permit application will not be processed until the Chair/Dean then your Vice President has authorized using

Reason Requesting Permit (Floater/Departmental Van/Visitor Pass)

Departmental Coding

Qty	Fund	Unit	Grant	Project	Object	Amount	Auth Yes	Auth No

Vehicle License Plate #	Make	Model	Colour

***Departmental Authorization:** _____ / _____

(Dean/Chair Signature)
(Dean/Chair Print)

***VP Authorization:** _____ / _____

(Vice President Signature)
(Vice President Print Name)

*** Both authorizations required to process this application**

Date: _____

For Parking Office Use Only:

UID #: _____

Date Entered: _____

Lot Assigned: _____

Permit #: _____
