

Departmental Red Zone Permit Application (May - Apr)

Year: 2024/2025

Department Name: _____

Dept #: _____

Contact Person: _____

Phone ext: _____

Email: _____

- **Acceptance and Use of a Parking Permit Acknowledges compliance with the terms and conditions of the PR Policy 1.2.23: Traffic and Parking.**
- **Permit application will not be processed until authorized by the Department Chair/Dean AND Vice President.**

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

Departmental Coding

Qty	Fund _____	Unit	Grant	Project	Object	Amount	Auth Yes	Auth No
<u>Vehicle License Plate #</u>		<u>Make</u>		<u>Model</u>		<u>Colour</u>		

*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 #: _____