FACILITIES DEPARTMENT: FDP14

PARKING PERMIT APPLICATION FORM



For UNIVERSITY RESIDENCE (UR PERMIT) pre-paid permits.

APPLICANT DETAILS					
Surname:			First Name:		
University:			College/Institute/Centre:		
Student ID Number:			Contact Phone Number:		
Email Address:					
VEHICLE DETAILS					
Registration Details:	Make:		Body type:		Colour:
RESIDENTIAL MANAGEN	MENT ENDORSEMENT				
Contact Name:					
Contact Number:					
I confirm that the applicant is a L	JniLodge Resident:				
lame (Print):			re:		Date://
PERMIT OPTIONS					
☐ UR Permit (University Res	idence) - 3 month permit \$1	192.50			
PERMIT CONDITIONS					
The UR permit entitles you to park	in Ticket Areas only. (Green S	ignage)			
UR Permits are payable in advance	<u>,</u>				
UR Permits are not refundable.					
APPLICANT DECLARATI	ON				
I acknowledge that I a resident of UniLowill fully comply with all Conditions of Ulikely to affect my eligibility for the Periguaranteed at all times. I further agree aware that this parking permit is non-rel	se and the Parking Regulations as mit, I agree to notify the Parking of that the Permit remains the proper	s set out in the Office within s rty of Victoria	e Road Safety act 1986 and ass seven (7) days. I also acknowle University and will be returned v	ociated Regulations. If any c edge that parking availability within seven (7) days if reque	circumstances change in any way is subject to capacity and is no
Applicant Sign	ature		// Date		
Please	attend and make payment to	any VU HQ	2. You will be required to	produce photographic I	D.
PLEASE ATTACH A COF	PY OF THE RECEIPT TO YOUR A	APPLICATION	I: - ALLOW 5 WORKING DAYS	S AS OF RECEIVED DATE	FOR PROCESSING
VU HQ Use Only					
GST TAXABLE STATUS	GST Inclusive	С	SUBCODE	PCP	
FORM OF PAYMENT	Credit card		Cheque	RECEIPT NO_	
Stamp PAID when completed. Scan ar	nd email form and receipt to: <u>Facili</u>		<u>sk@vu.edu.au</u> ge 1 of 1		TAMP