

Last Name _____ First Name _____ Middle Initial _____

PeopleSoft or ID_Number _____ NetID Number _____ Telephone Number _____

Home Address: Street _____ City _____ State _____ Zip Code _____

Campus Affiliation _____ Email Address _____

- Avery Point
 Law School
 Hartford
 Stamford
 Storrs
 Waterbury

I am applying for the following permit type			Permit price per period		
Select ONE	Permit Type	Salary Range	Bi-Weekly	Semester	Annual
<input type="checkbox"/>	Area 2	Up to \$37,500	\$5.19	\$45.00	\$135.00
		Mid-range	\$7.77	\$67.33	\$202.00
		\$64,501 & up	\$10.35	\$89.67	\$269.00
<input type="checkbox"/>	Garage <i>Storrs Only</i>				
	South <input type="checkbox"/>	North <input type="checkbox"/>	\$20.38	\$176.67	\$530.00
Downtown Hartford Only <input type="checkbox"/> Convention Center <input type="checkbox"/> Science Center <input type="checkbox"/> North Front Street					
<input type="checkbox"/>	Other facility Please Specify: _____				

Bargaining Unit (if any)

AAUP
 AFSCME (NP-3)
 UAW
 UCPEA
 CEUI (NP-2)
 PSEC (NP-5)
 Other: _____

I am a **Regular Payroll employee** and want to secure my parking permit purchase by payroll deductions.

I am a **Special Payroll employee submitting the following to certify my employment (required):**

Special Payroll employees are Adjunct Faculty or those who have time-limited UConn contracts.

I am a **Professor Emeritus**

I am a **University Non-Affiliate** who works at the University but is not directly paid by UConn, and associated with (select one):

<input type="checkbox"/> BME	<input type="checkbox"/> Co-Op (Storrs)	<input type="checkbox"/> Co-Op (Regionals)	<input type="checkbox"/> CT Urban Law Initiative
<input type="checkbox"/> Dining Services	<input type="checkbox"/> Mystic Aquarium	<input type="checkbox"/> Project Oceanography	<input type="checkbox"/> Rudd Center
<input type="checkbox"/> Technology Incubation Program	<input type="checkbox"/> UConn Federation	<input type="checkbox"/> UConn Law School Federation	<input type="checkbox"/> <u>Other:</u> _____

Special Payroll Certification

Appointment Letter
 Contract Document

Passenger Vehicle	License Plate	State	Make	Model	Color	Year
1						
2						
3						
Motorcycle						

Applications are typically processed within five business days but can be longer during high-volume periods. Those paying by credit or debit card will be contacted at the telephone number provide above for the account information needed to process the transaction. Once the application is processed, the parking permit will be mailed to the address provided above via the U.S. Postal Service.

With my signature on this form, I acknowledge that the motor vehicle registered herein, or any other motor vehicle under my control is subject to be ticketed, towed, or immobilized when the vehicle is found to be in violation of the University of Connecticut Parking Rules and Regulations. I acknowledge that I am responsible for understanding the Parking Rules and Regulations. I acknowledge that I am responsible for understanding the Parking Rules and Regulations. A parking permit cannot be transferred to another individual.

Signature _____ Date _____

Payment Type

Cash Debit Husky Bucks MC Visa Discover Amex

Completed form can be submitted by
Email to: parkingservices@uconn.edu
Fax to: (860) 486-0191
USPS to: 3 N. Discovery Drive, Storrs, CT 06269-6199