UCONN HEALTH

Administrative Support Services

EMERITUS/REHIRED RETIREE PARKING PERMIT REQUEST FORM

Last Name: _____ First Name: _____

Home Address: _____ Department: _____

City, State Zip Code: _____ Email Address: _____

Work Phone: _____

Mobile Phone: _____

Home Phone: _____

Category: *(check applicable)*
☐ Emeritus
☐ Rehired Retiree

☐ I do not park on campus and decline a parking permit.
I understand that I must obtain a parking permit to park on campus.

VEHICLE/MOTORCYCLE REGISTRATION INFORMATION

Permit Type: *(check one)* ☐ AREA 1 ☐ AREA 3 Handicap Permit #: _____

	License Plate #	State	Make	Model	Color
1.					
2.					
3.					

PAYMENT INFORMATION

Payment Type: *(check one)* ☐ Cash ☐ Check ☐ Credit Card

IMPORTANT: If you no longer require parking you must return your permit to our office.

SIGNATURE

_____ Name (Please Print)

_____ Signature (Original Signature)

_____ Date

FOR OFFICE USE ONLY

Permit Issue Date: _____
Permit Cancel Date: _____
Permit Type/Permit #: _____
Parking Signature/Date: _____

Amount(s) Paid:
$ _____
$ _____

Payment Type: ***(check one per payment)***

Cash	Check	CC

Pay to the order of: UConn Health
Administrative Support Services
263 Farmington Avenue, MC 8230, Farmington, CT 06030-8230
Phone: 860-679-4248; Fax: 860-679-0194
Email: parking.transportation@uchc.edu; Website: http://www.health.uconn.edu/park
An Equal Opportunity Employer