Departmental
University Business Permit Application

Requesting Department________________________________________________________Date__________________

Contact Person_______________________________________ Mail Stop_________ Phone______________

Type and number of permits requesting:

_____ 20 minute University Business Permit for departmental use. (does not require a paid permit be displayed)

_____ 2 Hour University Business Permit for departmental use. (must be displayed with a valid paid Western permit)

All requests are reviewed annually; assignments are based on space availability, applications received, and priority of need. Previously approved assignment does not guarantee or secure this request.

Describe locations of where permits will be used. Please be specific (i.e. loading dock, track bunker, etc.)

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Application will not be considered without signature below. Signature below certifies that the above information is true and accurate and that a copy of the guidelines will be relayed to all employees in the department who use the permit(s). Parking Services is not responsible for inaccurate information relayed to employees by your department. A copy of the guidelines will be passed out with the permit(s).

I have reviewed this application; my signature below certifies that the above information is true and accurate.

Department Head signature_______________________________________________________

(As applicable, President, Vice President, Director, Department Head, or Dean)

Print name__________________________________________ Title ____________________________

__________________________________________________________________________________________________________________________

OFFICE USE ONLY:

Approved for

20 minute UB# __________________________ 2 Hour UB# __________________________

Denied/ Reason for Denial: ________________________________________________________ Initials: __________

Entered into Flex by: __________________________ Date: __________________________

Revised 8/22/13