

For office use only  
A/C #:

# USF Parking & Transportation Services Departmental Reserved Information

For office use only  
PERMIT #:

[-----Please Complete In Ink-----]

## SECTION 1 APPLICATION INFORMATION (Please print or type)

### CUSTOMER

Department Name

Contact Person:

Last Name

First Name

### CAMPUS ADDRESS

Campus Address (Building/Room#) \_\_\_\_\_ Campus Phone# \_\_\_\_\_

### PERMIT

Request: (check one)  Renewal  NEW Lot # \_\_\_\_\_ Location \_\_\_\_\_

### PAYMENT

Check the appropriate box and include all appropriate information: Total Amount Due \_\_\_\_\_

Direct Billing to Chartfield

If paying by direct billing, please fill out the appropriate information below:

<b>Business Unit</b> <input type="text"/>	<b>Operating Unit</b> <input type="text"/>	<b>Fund</b> <input type="text"/>	<b>Department</b> <input type="text"/>
<b>Product</b> <input type="text"/>	<b>Initiative</b> <input type="text"/>	<b>Project</b> <input type="text"/>	

Check/Money Order: (payable to USF) Check Number: \_\_\_\_\_

*All information provided to the University of South Florida on this document is accurate and complete and I understand fines and penalties may be assessed for misrepresentation. Use of this space is only for visitors and guests of the department and may not be used by students, staff or faculty of USF. Acceptance of this reserved space acknowledges my department's compliance with University parking policies and guidelines.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I Certify that a reserved space is required by the above listed Department.*

\_\_\_\_\_  
Authorizing Signator Name - PLEASE PRINT/TYPER

\_\_\_\_\_  
Title - (President, Vice-President or Dean ONLY)

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Date