

Parking and Transportation Services Special Parking Pass Application Form 2008-2009

Deadline to Apply: June 2, 2008

Type of Pass Requested: Individual Special Pass
Account Card number of cards requested

Department Name _____

Department Address _____

Speed Sort _____

Department Phone _____ Fax _____

Contact Person for Billing _____

Cost Center to be billed _____

Name of Person Requesting Pass _____

UK ID # or Social Security Number (individual pass only) _____

Vehicle License Plate Number(s) _____ State _____ State _____

Reason for Requesting Pass _____

Projected # of days per week pass will be used _____

Projected # of hours per day pass will be used _____

Return to: Parking Services 110 Transcript Ave. 0601 Fax # 257-8969

<u>For Parking Services use only:</u>
UID _____
Date Received _____
Date Issued _____
SPP # _____
AC # _____
Document # _____
Date Billed _____
S _____ H _____ C _____ GS _____
Notes: _____

<u>For Parking Services use only:</u>
Approved _____ Date _____
Denied _____ Date _____
Alternate Parking Recommendation: _____
Picked Up By _____
Date Picked Up _____