



University of Virginia  
 Department of Parking and Transportation  
 1101 Millmont Street  
 P.O. Box 40000  
 Charlottesville, VA 22904-4000

## Parking Permit Application

Faculty/Staff Permit
  Temporary Permit
  Student Permit

### Permit Applicant Information

<b>U.Va ID/Student ID #:</b>			
<b>First Name:</b>			
<b>Last Name:</b>			
<b>Mailing Address:</b> <i>This is the address your permit will be mailed to</i>	<b>Street:</b>		
	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Address:</b> <i>If different from mailing address</i>	<b>Street:</b>		
	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>U.Va E-Mail (Computing ID)</b>			
<b>Phone Number:</b>			

### Vehicle Registration

<b>License Plate Number:</b>		<b>State:</b>	
<b>Vehicle Make:</b>		<b>Model/Year:</b>	
<b>Vehicle Owner's Name:</b>			

**Important:** Regulations prohibit the registration of any vehicle belonging to someone other than you, a parent, or a spouse. Only one vehicle per family or carpool may park in permit areas at the same time unless full fees are paid for each additional vehicle. It is your responsibility to notify Parking and Transportation of any changes such as name, address, vehicle make/model/license, or employment status.

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

### Faculty/Staff Permits Only:

I authorize the payroll deduction of the charge listed below for my primary parking permit at the current permit rate for the permit indicated from my U.Va/Health Systems check while it is in my possession. I also authorize the payroll deduction of the amount of any outstanding parking citations issued on vehicles listed in my name after thirty days following the date of the citation or the date of the appeal decision, whichever is later.

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

<b>Office Use Only</b>	<b>Customer UID:</b>		<b>Permit UID:</b>	
	<b>Permit Value:</b>		<b>Permit Number:</b>	



Share the ride and save 25%, 40% or 100% off the price of your permit with CAVPOOL!