

Valid: July 1, 20__—June 30, 20__

Department Reserved Space Application

The University of Arizona
 Parking & Transportation Services
 1117 E Sixth St. | Tucson, AZ 85721- 0181
 Mailing Address: PO Box 210181 | Tucson, AZ 85721
 (520) 626-7275 | FAX (520) 621-7055

Department Number: _____

Account Number: _____ Price: \$ _____

Acct # not starting with a 3 or 4 must be reviewed and approved by the Director of PTS.

Method of Payment: Service Billing. Amount will be directly deducted from the account above. Prices are subject to change. Department agrees to pay additional cost.

Department Name: _____ Department Address: _____

Department Contact: _____ Phone Number: _____ Email: _____

Number of Spaces: _____

Location Requested: _____

Department's justification for reserved space usage: _____

Department agrees that the parking spaces will be used only for patient or research affiliated parking and only for the duration of scheduled appointments. Any other purpose must be approved by the Executive Director of Parking & Transportation Services (PTS).

This space is not to be used for employee, student or special event parking. If Department violates this condition, PTS has the right to immediately terminate the reserved usage with no further obligation and with no refund to Department of any amounts paid.

Department must provide an authorized PTS permit to any client parking in this reserved space. The permit must be clearly visible through the front windshield of the vehicle. **Vehicles parked in this space not displaying an authorized permit are subject to citation and/or impoundment at owner's expense.**

PTS will monitor and enforce applicable parking regulations pursuant to the "Motor Vehicle Parking & Traffic Regulations," posted at <https://parking.arizona.edu/parking/regulations/> or upon complaint by Department or individual users.

Dean, Director or Department Head Print Name

_____ **Date**

Dean, Director or Department Head Signature

The department understands that the information supplied on this form is complete and true. Failure to comply with the requirements stated in The University of Arizona Motor Vehicle Parking and Traffic Regulations and Arizona Revised Statutes 49-542 and 15-1627G may result in the assessment of fees, fines, impoundment, other institutional enforcement, and/or disciplinary action.

_____ **Date**

JIM SAYRE
 Executive Director
 Parking & Transportation Services

_____ Approved

_____ Not eligible for a Department Reserved Space. Contact Customer Service for other department parking options.