

Department Service Permit Application

Valid: July 1, 20__—June 30, 20__

Account Number: _____ Sub Acct: _____ Obj Code _____ Sub Obj _____

FLEX Account Number _____

Method of Payment: Service Billing. Amount will be directly deducted from the above account.

Prices are subject to change. Department agrees to pay additional cost.

Department Number _____

Department Name: _____ Department Address: _____

Department Contact: _____ Phone Number: _____ Email: _____

Number of Permits requested _____ *discount to be determined by PTS*

Permit is **restricted to any 2 hour Service Space in Surface Lots/Area**. Permit intended to be shared among employees in a department. Vehicles are subject to the same enforcement regulations as all permit classifications. PTS will monitor and enforce applicable parking regulations pursuant to the “Motor Vehicle Parking & Traffic Regulations,” posted at <http://parking.arizona.edu/parking/regulations>. The permit must be clearly visible through the front windshield of the vehicle. Vehicles parked not displaying an authorized permit are subject to citation and/or impoundment. This permit is to be used for business related and not personal or special event parking. If Department violates this condition, PTS has the right to immediately terminate the permit with no refund to Department of any amounts paid.

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 and fines, impoundment or other institutional enforcement and/or disciplinary action.

Complete vehicle information (additional vehicles may be listed on a separate sheet)

License Plate	State	Make	Model	Year

_____ Print Authorized Signer Name & Title	_____ Signature
_____ Date	_____ Phone

Last updated 6/18/18