

**ANDERSON UNIVERSITY
FACULTY AND STAFF PARKING PERMIT APPLICATION**

PERMIT # _____						
NAME: <u>First</u> <u>Middle</u> <u>Last</u>						EMPLOYEE ID #
DEPARTMENT:				DEPT PHONE EXT:		CELL PHONE #:
EMAIL ADDRESS:		LICENSE PLATE #		STATE OF REGISTRATION:		COLOR OF VEHICLE:
MAKE:		MODEL:			VEHICLE YEAR:	
TYPE OF VEHICLE:	COMPACT 2dr	SEDAN 4dr	VAN	TRUCK	SUV	OTHER
<small>INDIANA LAW REQUIRES ALL VEHICLES TO BE INSURED</small>						
<small>I hereby agree to observe and obey all Anderson University vehicle parking regulations. The vehicles' owner or driver acknowledges that Anderson University assumes no liability for theft or damage to vehicles. I certify under penalties for perjury that the foregoing information is correct. Permit authorizes payroll/student account deductions for unpaid parking tickets.</small>						
Date:		Signature:				

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