

OLLI PARKING PERMIT APPLICATION

PERMIT NUMBER _____



THE UNIVERSITY OF ARIZONA - PARKING AND TRANSPORTATION SERVICES - CUSTOMER
RELATIONS **P**
1117 EAST 6TH ST - TUCSON AZ 85721
MAILING ADDRESS: PO BOX 41750 - TUCSON AZ 85717-1750
(520) 626-PARK (7275)

PLEASE CHECK THE BOX NEXT TO YOUR SELECTION

- USA LOTS (ACADEMIC) VALID 09/08/09 - 04/30/10 \$180
- USA LOTS (FALL SEM) VALID 09/08/09 - 12/18/09 \$ 90
- USA LOTS (SPRING SEM) VALID 01/04/10 - 04/30/10 \$ 90

E-MAIL ADDRESS: _____

NOTE: LAST DAY TO RETURN A PERMIT FOR REFUND IS APRIL 2, 2010

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ LOCAL PHONE NUMBER _____

VEHICLE INFORMATION

FOR EACH VEHICLE YOU DRIVE TO CAMPUS, PLEASE PROVIDE THE FOLLOWING INFORMATION. A COPY OF THE VEHICLE REGISTRATION IS NOT REQUIRED.

1.	_____	_____	_____	_____
	LICENSE PLATE #	STATE	YEAR	VEHICLE MAKE
2.	_____	_____	_____	_____
	LICENSE PLATE #	STATE	YEAR	VEHICLE MAKE

Method of Payment (Cash not Accepted)

- Check or money order (*payable to The University of Arizona*) Check #: _____
- Credit Card (Visa, MC, AmX) Card Number _____
Exp Date _____

**PLEASE CHECK THE BOX NEXT TO THE PERMIT YOU WISH TO PURCHASE
(UPPER RIGHT CORNER).**

Print name as it appears on card: _____

Required for card payment: Signature: _____

LOST OR STOLEN PERMITS ARE NOT REPLACED FREE

I CERTIFY THAT EACH AND EVERY MOTOR VEHICLE REGISTERED TO THIS PERMIT IS AND WILL REMAIN IN COMPLIANCE WITH STATE OF ARIZONA EMISSIONS STANDARDS DURING THE ENTIRE REGISTRATION PERIOD (ARS 15-1627G). I ALSO AFFIRM THAT THE INFORMATION SUPPLIED ON THIS FORM IS COMPLETE AND TRUE. I UNDERSTAND THAT 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.

Signature _____

Date _____