The University of Akron - Parking Permit Application

PARKING OFFICE USE

☐ **Faculty/Staff - One Term**
- ☐ Fall ☐ Spring ☐ Summer
- ☐ Single (Lump-Sum) Payroll Deduction
- ☐ Multiple (Spread Out) Payroll Deduction
- ☐ No Payroll Deduction (other payment method)

☐ **Faculty/Staff - Full Year**
- ☐ Single (Lump-Sum) Payroll Deduction
- ☐ Multiple (Spread Out) Payroll Deduction
- ☐ No Payroll Deduction (other payment method)

☐ **Graduate Assistant**
- ☐ Fall ☐ Spring ☐ Summer

☐ **Commercial Visitor**
- ☐ Fall ☐ Spring ☐ Summer

LAST FIRST MI

Name _____ _____ _____

Address _____ City _____ State _____ Zip _____

EMPLID # _____ Home Phone (____)_____ Business Phone (____)_____

License Number _____ State _____ Car Year _____ Car Make/Model _____

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I HEREBY ACCEPT THE UNIVERSITY OF AKRON'S RULES AND REGULATIONS CONCERNING PARKING.

Signature _____ Department _____

Account number to be charged _____ Dept. Head Signature _____

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