

# UNT | HEALTH SCIENCE CENTER

## POLICE DEPARTMENT

### Parking Permit Vehicle Information

**Please Print Legibly**

Personal Information			
Name :		Employee/Student ID:	
<input type="checkbox"/> Employee	<input type="checkbox"/> Temporary	Department	Room # _____
<input type="checkbox"/> Faculty	<input type="checkbox"/> Volunteer		Ext # _____
<input type="checkbox"/> Student	Student Class/ Program		Outside Company <small>(i.e. company name)</small>
Personal Phone # <small>(everyone must include phone number)</small>		Email Address:	
Current Address:			
City:		State:	Zip :

Vehicle Information			
Make:	Model:	Year:	
License Plate Number:	State:	<input type="checkbox"/> Handicap Plate/ Placard	Vehicle Color:
Vehicle Registered to: <input type="checkbox"/> Self <input type="checkbox"/> Other(name) :			

<i>This area to be competed by the Police Department</i>		<input type="checkbox"/> Checked for outstanding citations
<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Payroll Deduction      Receipt# _____
Permit Number# _____		<input type="checkbox"/> Student <input type="checkbox"/> General <input type="checkbox"/> Faculty <input type="checkbox"/> Reserved
Notes/Misc information:		
Date: _____ Issued By: _____ <input type="checkbox"/> Entered		