

**RESIDENT/FELLOW PARKING PERMIT REQUEST FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Department: \_\_\_\_\_

City, State Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Category:  SODM Fellow  
 (check applicable)  SOM Fellow  
 SODM Resident  
 SOM Resident  
 Visiting Resident  
 Other \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

**VEHICLE/MOTORCYCLE REGISTRATION INFORMATION**

Handicap Permit #: \_\_\_\_\_

	License Plate #	State	Make	Model	Color
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

**PAYMENT INFORMATION**

Payment Type: (check one)  Cash  Check  Credit Card  Transfer Voucher

**IMPORTANT:** If you no longer require parking you must return your permit to our office.

**SIGNATURE**

\_\_\_\_\_  
Name (Please Print) Signature (Original Signature) Date

**FOR OFFICE USE ONLY**

Permit Issue Date: _____	Amount(s)	Payment Type: (check one per payment)			
Permit Cancel Date: _____	Paid:	Cash	Check	CC	TV
Permit Type/Permit #: _____	\$ _____				
Parking Signature/Date: _____	\$ _____				

**Pay to the order of:** UConn Health  
 Parking, Transportation & Event Services  
 263 Farmington Avenue, MC 8230, Farmington, CT 06030-8230  
 Phone: 860-679-4248; Fax: 860-679-0194  
 Email: [parking.transportation@uchc.edu](mailto:parking.transportation@uchc.edu); Website: <http://www.health.uconn.edu/park>  
 An Equal Opportunity Employer