KNOX COLLEGE
CAMPUS SAFETY DEPARTMENT

PARKING PERMIT APPLICATION
(Please print neatly)

NAME: _____ _____ ____
(Last) (First) (M.I.)

AFFILIATION: STUDENT ☐ **STAFF** ☐ **FACULTY** ☐ **OTHER** ☐
(Check one)

CAMPUS ADDRESS: _____
(Dorm/Room; Department/Building/Room)

TELEPHONE #: _____

VEHICLE INFORMATION

STATE: _____ **PLATE #:** _____

MAKE: _____ **MODEL:** _____

YEAR: _____ **COLOR:** _____

HANDICAP PLATE? **YES** ☐ **NO** ☐
(Check one)

VEHICLE OWNER INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

As a permit holder, I understand that I am responsible for knowledge of the parking regulations as set forth in the Knox College Motor Vehicle booklet. I further understand that parking privileges may be suspended or revoked for violations of the rules and regulations; that the College reserves the right to have any vehicle towed from the College property at the owner's risk and expense; and that the College is not responsible for any vehicle or its contents while parked or operated on College property.

_____ _____
(Signature of applicant) (Date)

PERMIT # : _____
(For office use only)