



**KNOX
COLLEGE**

OFFICE OF CAMPUS SAFETY

**PARKING PERMIT
APPLICATION**

PERMIT NUMBER: _____

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

CELL PHONE NUMBER: _____

AFFILIATION: STUDENT: _____ FACULTY: _____ STAFF: _____ OTHER: _____

ID NUMBER: _____
Students, faculty and staff must provide an ID number.

STUDENT GRADUATION DATE: 20_____

VEHICLE INFORMATION:

STATE: _____ PLATE #: _____

MAKE: _____ MODEL: _____

YEAR: _____ COLOR: _____

HANDICAP PLATE: YES: _____ NO: _____

As a permit holder, I understand that I am responsible for knowledge of the parking regulations as set forth within the Knox College Web Site (<http://www.knox.edu/offices/campus-safety/about-the-department/parking-information.html>). I further understand that parking privileges may be suspended or revoked for violation 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)