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)

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9/13/2013