Permit Number _____

Receipt Number _____

Issue Date _____

Expiration Date _____

Approved By _____

OFFICE USE ONLY

UNIVERSITY OF ALABAMA
VISITOR/VENDOR PARKING REGISTRATION
(PLEASE PRINT)

Name_____ _____
(Last) **(First)**

Driver's License Number or Campus Wide ID _____

Mailing Address _____

City, State _____ **Zip Code** _____

Phone Number _____

Company Name (if applicable) _____

Project Manager (if applicable) _____

Area Requested_____

Purpose of Visit_____

Vehicle Information

_____ _____ License Plate # State _____ _____ Make Model Color_____	_____ _____ License Plate # (2) State _____ _____ Make Model Color_____

I certify that the above information is correct and that I am not a student or faculty/staff of The University of Alabama. I certify that I am not employed by another entity on the Campus of the University. I am aware that this parking permit may not be used by a student or faculty/staff of the University. I understand that improper use of this parking permit on any vehicle may result in the vehicle being cited and/or impounded. I accept full responsibility for the improper use of this parking permit. I agree to abide by the University's Traffic and Parking Regulations. I will contact Transportation Services immediately in the event that my parking permit is lost or stolen.

Signature_____

Date_____