

# UNM Faculty-Staff Parking Application

Are you a full-time employee?

DEPARTMENT \_\_\_\_\_

Applicant Name: Last / First

UNM Banner ID #

ZONE \_\_\_\_\_

Local Street Address: (Number & Street)

Home Phone

Our records may show additional vehicle registrations or contact information. Please confirm this information with our staff.

City

Zip Code

BY SIGNING BELOW, I CONFIRM THE FOLLOWING:

- All information provided by me is true and correct.
- I received and agree to read and abide by the UNM Parking Regulations.
- I authorize payroll deduction for my parking permit.
- I accept responsibility for all citations issued to vehicles which are registered to me and to vehicles that use my parking permit.

Campus Phone

E-Mail

Make of Vehicle

Model

Year

Color

Style (2-door, SUV, etc.)

License Plate Number

State

Registration Expires

X

Signature

Date

## OFFICIAL USE ONLY

- \_\_\_ Return.....[Stop Deduction]
- \_\_\_ Refund.....[Lump Sum]
- \_\_\_ Sabbatical.. [Stop Deduction]
- \_\_\_ New Sale.... [Start Deduction]
- \_\_\_ Lost/Stolen
- \_\_\_ Exchange

## SECONDARY VEHICLE

Make of Vehicle

Model

Year

Color

Style

(2-door, SUV, etc.)

License Plate Number

State

Registration Expires Date: MM/YY

## OFFICIAL USE ONLY