



## Parking Permit Application

Application Date:

Last Name:

First Name:

PSU Department:

PSU ID #:

PSU EMAIL:

Employment Status:

Parking Fee Deduction:

Bi-Weekly

Monthly

Address:

City:

State:

Zip:

Work Phone:

Home Phone:

Cell Phone (Optional):

### Primary Vehicle Information

Year:

Make:

Model:

Color:

License #:

State:

### Alternate Vehicle Information

Year:

Make:

Model:

Color:

License #:

State:

ADA Yes

No

ADA Placard #:

Expiration Date

Signature:



### Office Use Only

Approved by:

Permit #:

Approval Date: