

FACULTY & STAFF

## P.I.T. Parking Permit Authorization Form

Please always have your Parking Permit hanging from your mirror  
face side out when you are parked in the P.I.T. lot

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address : \_\_\_\_\_

School Phone: \_\_\_\_\_

Dept: \_\_\_\_\_

### Vehicle Information ~ Please Print Clearly

Driver's License : \_\_\_\_\_

License Plate#: \_\_\_\_\_ Registered State: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Business Office Signature: \_\_\_\_\_

Permit #: \_\_\_\_\_