PARKING SERVICES – SIUE **ALUMNI SFC PARKING PERMIT REGISTRATION FORM**

Attention RD Attendant—Do not sell if all information is not complete.
(Put in Margaret's mailbox.)

Issued to: _____ _____ _____
Last Name First Name Middle

Address: _____ _____ _____ _____
Street & Apt. # City State Zip Code

Email Address: _____ Phone Number: _____

SIUE ID #: _____ Membership Type: _____

Your license plate will be your parking pass

Vehicle Info: _____ _____ _____ _____ _____
License Plate - Vehicle #1 State Make Model Color

_____ _____ _____ _____ _____
License Plate - Vehicle #2 State Make Model Color

Permit not valid for Current SIUE Students, Faculty, or Staff

☐ **I understand that I will be held responsible for any violation involving this permit or vehicle.**

_____ _____
Signature Today's Date

Vehicle Types
2DR (two door) SUV (sports utility)
4DR (four door) STW (station wagon)
MINI (minivan) MC (motorcycle)
PU (pickup truck) VAN (van)
CON (convertible)

Filled out by Student Fitness Center

Temp Permit Number: _____ Temp Permit Issue Date: _____ Membership Exp. Date: _____
Today/Date Sold

Date Sent to Parking Services: _____ Initial Sent: _____

Filled out by Parking Services

Annual Permit Number: _____ Annual Permit Issued by: _____ Date Issued: _____

Submit

TAPE RECEIPT HERE

DO NOT STAPLE!