

**Eastern Connecticut State  
University Department of Public  
Safety**

**UNIVERSITY PARKING**

**PERMIT APPLICATION**

**2019-2020**

**Application Type: (apply for one only)**

**Full Time Faculty or Staff (expires August 1, 2025)**

**Adjunct Faculty/Part Time/UA (expires August 1st each year)**

**Resident Student (expires August 1st each year)**

**Commuter Student (expires August 1st each year)**

**Special Less Than 24 Credit Exemption (expiration varies)**

**Instructions:**

1. Fill out application. Type or print **legibly**. Print application. **Application will not be accepted electronically at this time.**
2. Include a clear photocopy of your current vehicle registration. Applications **CANNOT BE PROCESSED** without the vehicle registration. The **MAIL-IN Deadline for Fall 2019 is 8/16/2019**. After the deadline, applications must be brought in person to the University Police Department.
3. Mail application and registration copy to: Eastern Connecticut State University, Department of Public Safety, 83 Windham St., Willimantic, CT 06226. ATTN: PARKING SERVICES.
4. **PERMITS WILL NOT BE MAILED. Residents** will be issued permits at move-in upon presentation of a valid Eastern ID or class schedule. **Commuters** must pick up their permits in person at the University Police Department
5. **Special Parking Permits for employment, medical or other reasons require verification. Please attach a legible, signed letter from your employer or medical provider that must be dated no more than 30 days prior to your application for the exemption. Letters should be on company or office letterhead and clearly state the dates requested for the parking exemption. A contact phone number for verifying all requests must be included in the letter. Please notify the University Police of any changes in the exemption requests.**

**APPLICANT INFORMATION:**

First Name:		Last Name:		
Campus Address:			EASTERN ID #:	
Home Address/Street:		City:	State:	Zip Code:
Home Phone:		Cell Phone:		

**VEHICLE INFORMATION:**

Year:	Make:	Model:	Color:	
Vehicle Owner:			Home Phone:	
Owner Street Address:		City:	State:	Zip Code:

I certify that all of the above information is true and correct. I have received and will abide by the campus parking regulations.

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

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

**DO NOT WRITE BELOW THIS LINE – OFFICIAL USE ONLY**

Registration #	State:	Permit #:	<input type="checkbox"/> Valid ID <input type="checkbox"/> Schedule
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