

Eastern Connecticut State University

PARKING PERMIT APPLICATION

Application Type: (apply for one only)

- ___ Faculty or Staff (Full Time)
- ___ Adjunct (Faculty Contract Expires Every Year)
- ___ Resident Student (expires August 31st each year)
- ___ Chartwell's Employee (expires August 31st each year)
- ___ Commuter Student (expires August 31st each year)
- ___ 1st Year Resident Student (with exemption)

Instructions:

1. Completely fill out all fields in the electronic application or print application and legibly fill out.
2. Include a clear photocopy of your current vehicle registration. Applications **CANNOT BE PROCESSED** without both the application and the vehicle registration. Completed application & current motor vehicle registration will be accepted in PDF format. **E-mail both forms together to PARKING @EASTERNCT.EDU.**
3. Applications and registration copies can also be mailed in. The deadline for Fall is August 15th. After the deadline, applications must be brought in person to the University Police Department. Mail application and registration copies to: Eastern Connecticut State University, Department of Public Safety, 83 Windham St. Willimantic, CT 06226. ATTN: PARKING SERVICES.
4. **PERMITS WILL NOT BE MAILED. All Students** must pick up their permits in person at the University Police Department. **Please bring your Eastern ID with you at pick up time.**
5. **FOR FIRST YEAR RESIDENTS ONLY: 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.**

First Name:		Last Name:		EASTERN ID#:	
Campus Address Or Office/Department for Faculty:					
Home Address/Street:			City:		State: Zip Code:
Hall Placement (If Resident):			Contact Phone Number:		

VEHICLE INFORMATION: Per The DMV Registration.

Year:	Make:	Model: Color:	Handicap Permit (if Applicable)#:
Vehicle Owner:		Vehicle Owner's 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 #:
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