

## LIFELONG LEARNING ACADEMY, INC

For office use only A/C #	<b>MAKE CHECKS PAYABLE TO USF</b> <b>And mail to: USF Sarasota-Manatee</b> 8350 N. Tamiami Tr. SMC-B116, Sarasota, FL 34243-2049 www.sarasota.usf.edu/ParkingServices/ ~ Phone: 941/ 359-4203 <b>Parking Permit Application &amp; Vehicle Information</b>	For office use only <b>PERMIT #:</b>
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DIRECTIONS	<b>****PARKING PERMITS MUST BE PURCHASED SEPARATELY FROM TUITION****</b> Completed forms may be mailed or brought to Parking Services. Business hours are 8:30am – 5:00pm, Monday - Friday
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CUSTOMER <input type="checkbox"/> Mail permit to home address  <input type="checkbox"/> Hold permit for pick-up at Parking Services  <input type="checkbox"/> After-Hours Pick up –Go to the Reception desk in the Main Rotunda for pickup when Parking is closed.	Last Name:(print)_____ First Name:(print)_____  Driver's License Number: _____ - _____ - _____ - _____  Birth Date: _____ / _____ / _____  Email Address:(print)_____
	Quarter(s) Desired: Fall____ Winter____ Spring____ Summer____ <b>\$17.00</b> per quarter (1Q=\$17 2Q=\$34 3Q=\$51 4Q=\$68)

HOME ADDRESS	Street _____  City _____ State _____ Zip Code _____  Telephone _____ Cell/Pager _____
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VEHICLE INFO	State _____ License Plate/Tag # _____ Vehicle Year _____  Make/Manufacturer _____ (e.g. Ford, Jeep, Chevrolet)  Color: (check one) <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Orange <input type="checkbox"/> Purple <input type="checkbox"/> Teal <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Tan <input type="checkbox"/> Burgundy <input type="checkbox"/> Other _____  Body Style: (check one) <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Hatchback <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van/Minivan <input type="checkbox"/> Truck/Pickup <input type="checkbox"/> Motorcycle <input type="checkbox"/> Convertible <input type="checkbox"/> Station Wagon
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PAYMENT BY MAIL	If paying by mail: Payment Enclosed \$ _____ <input type="checkbox"/> Check/Money Order ( <b>made payable to USF</b> ) <input type="checkbox"/> Check Number: _____  <p style="text-align: center;">CREDIT CARD PAYMENTS MAY BE MADE ON OUR WEBSITE  <a href="http://www.sar.usf.edu/Parking/Services/">www.sar.usf.edu/Parking/Services/</a></p>
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All information provided to USF on this document is accurate and complete and I understand fines and penalties may be assessed for misrepresentation. Receipt of this permit acknowledges my acceptance of responsibility for all violations associated with this permit and compliance with University parking policies and guidelines.

**Signature:** (required) \_\_\_\_\_ Date: \_\_\_\_\_

(Revised 09/2009; M: Vehicle Information application)