



U.M.F DEPARTMENT OF PUBLIC SAFETY PARKING PERMIT APPLICATION

FIRST-YEAR RESIDENT

*COMMUTER (OFF-CAMPUS)
RESIDENT*

UPPER-CLASS

NAME: _____

DATE OF BIRTH: ____/____/____ **SOC. SEC NUMBER:** ____/____/____ (OPTIONAL)

RESIDENT: **HALL:** _____ **ROOM#:** _____

COMMUTER: **ADDRESS:** _____ **APT#:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE LOCAL (HOME): _____ **CELL:** _____

REGISTERED OWNER INFORMATION (IF DIFFERENT THAN APPLICANT):

NAME: _____ **PHONE:** _____

ADDRESS: _____ **APT#:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

VEHICLE INFO: PLATE# _____ **STATE:** _____ **MAKE:** _____ **MODEL:** _____ **COLOR:** _____ **YR:** _____

PLATE# _____ **STATE:** _____ **MAKE:** _____ **MODEL:** _____ **COLOR:** _____ **YR:** _____

EMERGENCY CONTACT(S): 1.NAME: _____ **ADDRESS** _____ **PHONE:** _____

EMERGENCY CONTACT(S): 2.NAME: _____ **ADDRESS** _____ **PHONE:** _____

ALL INFORMATION PROVIDED TO THE DEPARTMENT OF PUBLIC SAFETY IS STRICTLY CONFIDENTIAL AND IT IS EXTREMELY IMPORTANT FOR US TO HAVE THE ABILITY TO REACH YOU IN CASE OF AN EMERGENCY. MORE INFORMATION CAN BE FOUND ON OUR WEBSITE AT: //PUBLICSAFETY.UMF.MAINE.EDU. OUR CRIME REPORTS ARE AVAILABLE BY CLICKING ON THE CAMPUS CRIME STATISTICS LINK.

UMFDPS RECOMMENDS AT LEAST ONE PHONE NUMBER FOR EMERGENCY PURPOSES. PLEASE SUBMIT THIS FORM TO THE OFFICE OF PUBLIC SAFETY PRIOR TO PARKING ON CAMPUS. NOT HAVING A PARKING PERMIT DISPLAYED WHILE PARKING ON CAMPUS IS A VIOLATION.

Decal # Issued: _____

Date Received: _____

Payment Type:

Cash Check
(circle one)

Entered by: _____
Initials

In Imc: _____
Initials

Date: _____

For Office Use Only