

FY18 ANNUAL DUAL LOT PARKING PERMIT REQUEST FORM

PLEASE PRINT - (Dual Lot Permit only available as annual permit)

NAME

UIN _____

FACULTY

STAFF

TITLE

DEPARTMENT

1ST OFFICE ADDRESS _____

% OF TIME _____

2ND OFFICE ADDRESS _____

% OF TIME _____

HOME ADDRESS _____

UIUC EMAIL ADDRESS _____ CAMPUS PHONE _____

LOTS REQUESTED 1) _____
(PRIMARY)

2) _____
(SECONDARY)

DIRECT SUPERVISOR _____
NAME

_____ CONTACT NUMBER

OFFICE USE ONLY - VERIFICATION DATE _____ VERIFIED BY _____

PAYMENT METHOD

PERMIT \$660 Payroll Deduct Cash * Check Credit Card **
.8% Payroll Deduct Cash * Check Credit Card **

\$260 FEE Cash * Check Credit Card ** CFOAP

CFOAP INFORMATION

CFOAP #: _____ - _____ - _____ - _____ - _____
Chart Fund Organization Account Program

Print Name: _____ Signature: _____

*If paying by cash, bring the completed form to the second floor of the Public Safety Building, 1110 West Springfield Avenue, Urbana, IL 61801. Hours of Operation: 8:30 a.m.-5:00 p.m., Monday-Friday.

** For security purposes, if paying for any portion by credit card, you may do so in person at the Parking Department or via phone – 217-333-3530.

ALL PARKING CITATION(S) MUST BE PAID IN FULL BEFORE A PERMIT CAN BE ISSUED.

(Citations may be paid at www.parking.illinois.edu)

Mail this form and check to: Parking Department
1201 W University Ave, MC241, Urbana, IL 61801