Parking Permit LEV/EV Application

(Please print legibly)

Name: ___________________________________________________ Phone # __________________________

Home Mailing Address: _______________________________________________________________________

City: ___________________ State: ___________________ ZIP Code: ___________________

Email address: ________________________________________________________________

Please check the appropriate box:

Employee: Department: _______________ Employee ID #: ____________________________

Gross annual salary: Office Location: ____________________________ Work Hours: ________________

☐ Less than $30,000
☐ $30,000.01 - $50,000
☐ $50,000.01 - $70,000
☐ $70,000.01 - $90,000
☐ Greater than $90,000.01

Vehicle Tag: _______________ State: ________ Make: ____________________________

Model: ________________ Year: ________ Color: ____________________________

Vehicle Type: Please check all that apply:

☐ Automatic  ☐ Hybrid  ☐ Manual  ☐ EV (Electric Vehicle)

Engine size: Please check one:

☐ 4 cylinder
☐ 6 cylinder
☐ 8 cylinder
☐ Other ____________________________

☐ I agree to pay the $10 surcharge for use of campus electric charging stations. There is a 4 hour limit at each station per day. For charging locations please visit http://www.clemson.edu/parking.

Preferred Parking Lot: Please check one:

☐ Fike (E-5)  ☐ Sikes Hall (E-6)  ☐ Sirrine Hall (E-4)
☐ East side of Cooper Library (E-15)  ☐ Hendrix Student Center (E-1)  ☐ Lee Hall (E-3)
☐ Other ________________

Please provide the permit number and expiration date of your current state-issued disability access parking permit if you will use it to park on campus in spaces reserved for disability access.

Permit # __________________________ State: __________ Expiration month/day/year _______/_____/_____

I agree to abide by the Clemson University Parking Regulations and be responsible for all parking citations bearing a permit number issued to me. I will not transfer my permit to another person.

Signature: ______________________________ Date: __________________________

Approval: ______________________________ Date: ___________________________

Revised 5/2015