Parking Services G-01 Edgar Brown Union

LEV/ EV Employee Parking Permit Application

	(Please p	rint legibly)	
Legal Name:		Phone #	
Home Mailing Address:			
City:	State:	ZIP Code:	
Email address:			
Please check the appropriate			
Employee: Departme	ent:	Employee ID #:	
Office Location:		Work Hours:	
Gross annual salary: Less than \$30 \$30,000.01 - \$ \$50,000.01 - \$ \$70,000.01 - \$ \$90,000.01 -	\$50,000 \$70,000 \$90,000 \$125,000	\$125,000.01 - \$150,000 \$150,000.01 - \$175,000 \$175,000.01 - \$200,000 Over \$200,000	
Vehicle Tag:	State:	Make:	
Model:	Year:	Color:	
Vehicle Type: Please check al		Engine size: Please check on	
Automatic Hyl		□ 4 cylinder	
		□ 6 cylinder	
		□ 8 cylinder	
		🗆 Other	

I agree to pay the \$26 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)			
🗆 Lee Hall (E-3)			Hendrix Student Center (E-1)				
E	□ Other						
Ŀ	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/y	year///////			
l agree to	o abide by the Clems	son University P	arking Regulations and be res				

l agre citations bearing a permit number issued to me. I will not transfer my permit to another person. Signature: _____Date: _____Date: _____

PATS Use Only: Approval: _____