

# COVID-19 SHORT-TERM PARKING APPLICATION

Items in **RED** must be completed.



## GENERAL INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

## HOME ADDRESS

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## PHONE NUMBERS

HOME \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

## SHORT-TERM PARKING PREFERENCE

## VEHICLE INFORMATION

LICENSE PLATE#	LICENSE STATE	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE COLOR	VEHICLE STYLE

## PLEASE READ STATEMENT BEFORE YOU SIGN:

I have read, and understand the rules and regulations governing parking as presented online at <https://www.uab.edu/transportation/policy>. I agree to abide by these regulations while operating and/or parking a motor vehicle on the UAB campus. I understand that parking citations which are unpaid or are not appealed to the Appeals Panel by the date indicated on the face of the citation are delinquent. I understand that the amount of the fine and a late payment fee will be payroll deducted or added to my student account.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR OFFICE USE

DONE BY: \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_ PERMIT: \_\_\_\_\_