



# UMBC

## PARKING PERMIT INFORMATION FORM-SERVICE PERMIT

Please complete the following information in order to obtain a UMBC parking permit.

**\*All Fields REQUIRED\***

COMPANY NAME: \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**SERVICE DATES:**

Begin Date:

End Date:

Vehicle Information:

State \_\_\_\_\_

License Plate \_\_\_\_\_

Vehicle Make \_\_\_\_\_

Vehicle Model \_\_\_\_\_

Vehicle Color \_\_\_\_\_

Are You the Vehicle Owner? Yes \_\_\_ No\_\_\_

**PARKING SERVICES USE ONLY:**

Date Created \_\_\_\_\_ Initials \_\_\_\_\_

Renewal Needed? Yes \_\_\_\_\_ No \_\_\_\_\_