

# Transit and Parking Application for Annual Reserved Parking Permit

(Do Not Use This Form to Apply for RESIDENT Reserved Parking Permits)

Name: \_\_\_\_\_

UA ID: \_\_\_\_\_

Department: \_\_\_\_\_

Email: \_\_\_\_\_

Campus Mail Drop: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Official State Job Title (if applicable): \_\_\_\_\_

Student Classification (if applicable): \_\_\_\_\_

Do you require Disable Person parking?      Yes      No

Lot Choice (please indicate lot number or letter): 1st \_\_\_\_ 2nd \_\_\_\_ 3rd \_\_\_\_ 4th \_\_\_\_

Comments:

Please Note: **All university parking citations must be paid before your application can be approved.**

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

If returning form via campus mail send to:

Attn: Debbie Wood  
ADSB 131

If returning through U.S. Mail send to:

Attn: Debbie Wood  
Transit and Parking Department  
155 Razorback Rd.  
Fayetteville AR, 72701

**PLEASE DO NOT SEND PAYMENT WITH THIS FORM.**