

## UND Retiree Parking Permit Application

**Permit is valid from August 1<sup>st</sup> through July 31<sup>st</sup>**

**Fee: \$12.00**

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

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ EMPL ID \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Year of Retirement \_\_\_\_\_ Department Retired From \_\_\_\_\_

**Primary Vehicle**

2 Door  4 Door  Pickup  Van  SUV

License Plate# \_\_\_\_\_ State \_\_\_\_\_ Vehicle Make \_\_\_\_\_

Year \_\_\_\_\_ Vehicle Model \_\_\_\_\_ Color \_\_\_\_\_

**Secondary Vehicle**

2 Door  4 Door  Pickup  Van  SUV

License Plate# \_\_\_\_\_ State \_\_\_\_\_ Vehicle Make \_\_\_\_\_

Year \_\_\_\_\_ Vehicle Model \_\_\_\_\_ Color \_\_\_\_\_

**Payment Information**

**Credit Card Over the Phone.** (We will contact you when we receive the signed sheet.)

**Check #** (Payable to UND) \_\_\_\_\_

**Please mail to**  
 UND Parking Services  
 3791 Campus Rd  
 Stop 8368  
 Grand Forks, ND 58202  
**Or email**  
 Parking@UND.edu

**By signing below, I certify that I are no longer am employed by the University of North Dakota in any capacity and that the information provided is accurate to the best of your ability.**

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

**OFFICE USE ONLY**

Permit # \_\_\_\_\_ Date Purchased \_\_\_\_\_ CCK/PCK \_\_\_\_\_

Verification Date \_\_\_\_\_

Receipt # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Verification Time \_\_\_\_\_