

Date:	
Name:	Office Phone:
Email:	

Department Name/Organization:

Dept. ID: _____

QTY.	TYPE REQUESTED	
	FY24 Runner Permit	
	FY24 Service Vehicle Permit	

Please provide the following information: (Only Service Vehicle Permit Request)

Make:	Make:	Make:
Model:	Model:	Model:
License Plate:	License Plate:	License Plate:

Director or Equivelent Approval Signature:

Email completed request form to deptpark@central.uh.edu and an invoice will be emailed within 1 to 2 Business Days. Please allow at least 2-3 business days for all requests to ensure proper approval and processing after payment has been received. **UH Service Vehicle Permits** are mainly for facilities service vehicles to gain access to gated lots and garages for maintenance purposes only. **Runner Permits** are good for 2 Consecutive Academic School Year(s). The cost of the Runner Permit reflects a 2-year usage of the permit.

OFFICE USE ONLY:

Invoice:			
Method of Payn	nent:	_	
Reference #:		_	
Permit/Space #:		Date:	
Picked Up by:	(Print Name)		
	(Sign Name)		