

Faculty/Staff Parking Permit Application

Please print or type current information below:

Full Name			
FlashLine user name	@kent.edu		
Department			
Campus phone number			
Cell phone number (optional)			
License plate		make:	color:
2 nd license plate (if applicable)		make:	color:

Parking area(s) requested: _____

Term requested (please X your selection):

<input type="checkbox"/>	Full Year - 12 months (check or payroll deduction)	\$152.88
<input type="checkbox"/>	3rd Shift Only (10 p.m. - 8 a.m.)	FREE
<input type="checkbox"/>	Allerton Sports Complex	FREE

<input type="checkbox"/>	Fall & Spring semester – 9 months (check or payroll deduction)	\$114.66
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<input type="checkbox"/>	Summer only (check only)	\$38.22
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<input type="checkbox"/>	Fall semester only (check only)	\$57.33
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<input type="checkbox"/>	Spring semester only (check only)	\$57.33
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<input type="checkbox"/>	Motorcycle - 12 months (check only)	\$10.00
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Evening & Weekend only (after 4 p.m. weekdays) (check only)		
<input type="checkbox"/>	Fall semester	\$28.67
<input type="checkbox"/>	Spring semester	\$28.67
<input type="checkbox"/>	Fall & Spring semester	\$57.33

Payment Method (please X your selection):

<input type="checkbox"/>	Check	Amount: \$
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Please attach check and submit application.

<input type="checkbox"/>	Pre-tax Payroll Deduction	Amount: \$
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* By authorizing payroll deduction I understand that I must have continuous pay to cover the monthly deductions. I will be responsible for any unpaid permit fees due to missed payroll deductions.

Signature: _____

Attention: If you terminate employment with Kent State University, retire or are on an extended leave of absence, your permit must be returned to the Parking Services office in order to stop payroll deductions.