

For Parking Services Use Only		
Permit # _____	Date _____	CSR _____
Permit Replacement _____	Date _____	CSR _____

Duke University Parking and Transportation Services
Web: parking.duke.edu

Box 90644
Durham, NC 27708-0644
Phone: (919) 684-7275

302 Science Drive/
(Science Dr. Garage) OR
Rm. 04230 Duke Clinics

Departmental/Special Parking Permit Application

(Do not submit this form if you have already applied for a permit online. Forms not accepted via fax.)

Contact Legal Name (no abbreviations or nicknames): _____

Contact E-mail: _____

Department: _____

For Department permit, Name and DUID of Primary User: (Name) _____ (DUID) _____

Campus Box Number: _____ **Work Telephone:** _____

Work Address:
(include City, State, Zip if not Duke dept) _____

Current Vehicle Information (Please complete if applicable)

Car Year: _____	License Plate State & Number: _____	Make, Model, & Color: DU/DUMC # _____
Car Year: _____	License Plate State & Number: _____	Make, Model, & Color: DU/DUMC # _____

Departmental Classification

Duke Department Non-Duke Organization (including vendors, contractors) Other: (specify) _____

Payment Method

Check/Money Order (Make payable **Duke University**) Check/Money Order #: _____

Interdepartmental Request (IR): IR #: _____ Credit/Debit Card (Hand-deliver)

Fund Code: _____ *(requires completion of form DPT-API and associated approval)*

Payroll Deduction: I hereby authorize Duke University Parking and Transportation Services to deduct from my paycheck 1/12th of the annual cost of my assigned permit. I authorize this monthly deduction for as long I have a Duke parking permit paid by means of payroll deduction. If I leave Duke and fail to return my assigned permit, I will be financially responsible for the costs and fines associated with the permit until it is returned. Permit refunds will be issued by payroll check on a regularly scheduled pay date.
Regular benefit eligible faculty and staff scheduled 20 hours or more per week will have parking fees deducted on a pretax basis. Permit refunds will have taxes deducted.

Signature: _____ Date: _____

Permit Type Requested (One permit type per application)

Number requested: _____ Permit requested: _____

Acceptance of Policies (Please read and sign)

My signature below indicates that I will abide by the Parking Regulations. I understand that Duke University may immobilize and/or tow any vehicle parked in violation of these regulations, and I agree to pay the costs of the action. I also agree that I will pay any fines assessed and that Duke University may withhold such fines from my paycheck or charge them to the department I represent.

Signature of Applicant: _____ Date: _____

Signature of Approval (if necessary): _____ Date: _____