Department of Public Safety
Siena Heights University
517-264-7800
www.SienaHeights.edu/CampusSafety

PARKING PERMIT APPLICATION

Complete in Full & Return to the Department of Public Safety with Payment

Permit Type, Circle Choice: **Resident** **Commuter** **Campus Village/ Saint Catherine Hall** **Faculty/Staff** *(No Charge 1st/Non-Expiring)*

Permit Period, Circle Choice: **Annual** **Fall Only** **Winter Only** **Summer Only** **2nd Vehicle** ***$5 (Same Period as 1st)***

Name: _____ *Date of Birth:* ____/____/____ *(optional)*
First *Middle* *Last* *MM / DD / YY*

Home Address: _____ _____ _____ _____
House # & Street / Apartment *City* *State* *Zip Code*

SHU Address: _____ *Phone Number:* _____ *SHU ID#:* _____

Drivers Lic #: _____ *State:*_____ *Plate:*_____ *State:* _____

Make: _____ *Model:* _____ *Year:* _____ *Color:* _____

I _____ **agree to abide by all Siena Heights University parking rules and regulations.** *Date:* ____/____/____
Signature

Parking Rules and Regulations can be found in the Safety Awareness Handbook and online at *www.SienaHeights.edu/parking*

Department of Public Safety Use | For Department of Public Safety Use | For Department of Public Safety Use

Permit #: _____ *Received:* ____/____/____ *By:* _____ *Entered:* ____/____/____ *By:* _____

Method of Payment: **Cash** **Check#:** _____