



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/** **Faculty/Staff** **Dual Enrolled**
Saint Catherine Hall *(No Charge 1st/Non-Expiring)*

Permit Period, Circle Choice: **Primary Vehicle** **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

On Campus Room / Office Number: _____ 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

 For 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#:** _____