



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

REPLACEMENT PARKING PERMIT APPLICATION

Complete in Full & Return to the Department of Public Safety

Permit Type, Circle Choice: **Resident** **Commuter** **Campus Village** **Faculty/Staff**

Name: _____ SHU ID#: _____
First Middle Last

New

Plate: _____ State: _____
 Make: _____ Model: _____ Year: _____ Color: _____

Reason for Replacement: _____

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

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Department of Public Safety Use	For Department of Public Safety Use	For Department of Public Safety Use
Previous Permit #: _____	Received: ____/____/____ By: _____	Entered: ____/____/____ By: _____
New Permit#: _____		