Parking Services 310 Klugh Ave. Suite B Clemson, SC 29634-4014 (864)656-2270

## Snow Family Outdoor Fitness and Wellness Complex Parking Permit Application

Form must be submitted to the Parking and Transportation office

with payment either in person or by mail.

Permit Holder Informat	tion: (please print legibly)	
Legal Name:		Phone #:
Home Mailing Address:		
City:	State:	ZIP Code:
Email address:		
By signing this form, I ur	nderstand that this permit is only	valid for parking in the P-6 lot.
	•	ed by any Clemson student, faculty, or staff member.
I agree to abide by the Cl permit number issued to	, ,	ations and be responsible for all parking citations bearing
Signature:		Date: