

Parking Permit Application

(Please print legibly)

Legal Name: _____ Phone # _____

Home Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Email address: _____

Please check the appropriate box(es):

Employee: Department: _____ Employee ID #: _____

Gross annual salary:

- | | |
|---|--|
| <input type="checkbox"/> Less than \$30,000 | <input type="checkbox"/> \$150,000.01 - \$ 175,000 |
| <input type="checkbox"/> \$30,000.01 - \$50,000 | <input type="checkbox"/> \$175,000.01 – \$200,000 |
| <input type="checkbox"/> \$50,000.01 - \$70,000 | <input type="checkbox"/> Over \$200,000 |
| <input type="checkbox"/> \$70,000.01 - \$90,000 | <input type="checkbox"/> Park-n-Ride East Lot (Not Salary Based) |
| <input type="checkbox"/> \$90,000.01 – \$125,000 | <input type="checkbox"/> Park-n-Ride West Lot (Not Salary Based) |
| <input type="checkbox"/> \$125,000.01 – \$150,000 | |

Student: XID # _____ **All student permits must be permanently affixed to the vehicle. Students may not display a parking permit on another student's vehicle.**

- | | |
|--|---|
| <input type="checkbox"/> Commuter | <input type="checkbox"/> Park-n-Ride East |
| <input type="checkbox"/> East/West Resident (1 vehicle limit) | <input type="checkbox"/> Park-n-Ride West |
| <input type="checkbox"/> Apartment - Calhoun & Thornhill (1 vehicle limit) | <input type="checkbox"/> Graduate Assistant |
| <input type="checkbox"/> Lightsey Bridge (1 vehicle limit) | <input type="checkbox"/> After 4:30 (Graduate Students Only) |
| <input type="checkbox"/> Bridge Student (1 vehicle limit) | <input type="checkbox"/> Temporary Permit Quantity _____ |

Retired Employee

Fike: Annual: _____ Six Months: _____ (Fike permits are valid until June 30th or Dec. 31st)

Builder/Construction Worker (1 vehicle limit) Project: _____

Motorcycle, Moped or Motor Scooter

Vehicle Tag: _____ State: _____ Make: _____ Model: _____ Year: _____ Color: _____

Vehicle Tag: _____ State: _____ Make: _____ Model: _____ Year: _____ Color: _____

Vehicle Tag: _____ State: _____ Make: _____ Model: _____ Year: _____ Color: _____



Please provide the permit number and expiration date of your current state-issued disability access parking permit if you will use it to park on campus in spaces reserved for disability access.

Permit # _____ State: _____ Expiration month/day/year _____/_____/_____

I agree to abide by the Clemson University Parking Regulations and be responsible for all parking citations bearing a permit number issued to me. I will not transfer my permit to another person.

Signature: _____ Date: _____