



Siena Heights University  
 Department of Public Safety  
 517-264-7800

# PARKING PERMIT APPLICATION

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

Permit Type, *Circle One*: **Resident**    **Commuter**    **Campus Village**    **Temporary**    **Faculty/Staff** (*No Charge / Non-Expiring*)

Permit Period, *Circle One*: **Annual** \$100    **Fall Only** \$50    **Winter Only** \$50    **Summer Only** \$50    **Temporary** No Charge    **2<sup>nd</sup> 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: \_\_\_\_/\_\_\_\_/\_\_\_\_  
[www.sienaheights.edu/campussafety](http://www.sienaheights.edu/campussafety)

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 Department of Public Safety Use Department of Public Safety Use Department of Public Safety Use

Permit #: \_\_\_\_\_ Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_ Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

Second Vehicle: first permit # \_\_\_\_\_

Method of Payment: **Cash** **Check#:** \_\_\_\_\_

For credit card payment options: [www.sienaheights.edu/parking](http://www.sienaheights.edu/parking)