



SAINT CHARLES BORROMEEO SEMINARY

Office of Safety & Security

PARKING PERMIT APPLICATION

Please Type or Print all information and return form to the Safety Office

NAME _____

Category: (Please Check One)

Resident Staff

Resident Student

Non-Resident Staff

Non-Resident Student

Tenant Staff

Other (please specify below:)

Diocesan Personnel

VEHICLE MAKE (Ford, Chevrolet, Toyota etc...) _____

MODEL (Impala, Camry, etc...) _____

YEAR _____ LICENSE PLATE _____ STATE: _____

My signature affirms that the information provided is true and accurate to the best of my knowledge.

Signature Date

AREA FOR OFFICE USE ONLY

PIN	PERMIT NUMBER	ISSUE DATE	EXPIRATION DATE

Please initial here upon receiving your permit: _____ Date _____

Five Dollar (\$5) replacement fee for lost or damaged permit.