

phone: (208) 885-6424
fax: (208) 885-4219
E-mail: parking@uidaho.edu
web: www.uidaho.edu/parking

Visitor Permit Request Form

Please allow 3 business days for order fulfillment.

Minimum order of 10 permits required.

Department/Agency: _____

Today's Date: _____

Requester: _____

Phone Number: _____

Budget/Admin Approval: _____

Phone Number: _____

Address: _____

Budget Number: _____

E-mail Address: _____

Act Code Number: _____

* Number of Visitor Permits Requested: _____

Note: Your budget will be directly charged.

\$2/permit/day, minimum order of 10 permits required.

Please select a delivery method below.

Pick-up at Parking Office

Campus Mail Campus Zip: _____

*** UI faculty, staff, and students are not eligible for Visitor permits. Permit use must be in accordance with campus parking regulations. Visitor permits cannot be exchanged and are non-refundable. To be valid, appropriate date must be scratched off on the Visitor permit while displayed in vehicle.**

By signing this form, I understand that Visitor permits are non-refundable, and cannot be exchanged once processed.

Signature: _____

Office Use Only

Budget/R Code: _____

Amount Charging: _____

J Doc Number: _____

Date Processed: _____