



Parking Services

Student Parking Permit Application

If mailing with payment, please send to: Attn: Parking Services, PO BOX 2000, Superior, WI 54880

Permit Number: _____ Fee: _____
Payment Type: _____ Date: _____

For office use

Full Year: _____ Fall: _____ Spring: _____ Summer: _____

Resident Halls: _____ Off Campus Resident: _____

Name: _____
Last First MI

Owner of Vehicle: _____
Last First MI

Local Address or Mailbox #: _____

City State Zip

Permanent Address: _____

City State Zip

University ID: _____

Vehicle info:

Plate No. State Year Make Model Color

Cell Phone Home Phone

UNIVERSITY PARKING PERMITS ARE NOT VALID ON CITY STREETS OR PARKING METERS

IT IS THE RESPONSIBILITY OF THE MOTOR VEHICLE OPERATOR TO BE AWARE OF UWS PARKING REGULATIONS. LACK OF LEGAL SPACE IS NOT CONSIDERED A VALID EXCUSE FOR PARKING ILLEGALLY. I HAVE RECEIVED REGULATION AND AGREE TO COMPLY WITH ALL PARKING RULES AND REGULATIONS OF THE UNIVERSITY.

Signature: _____ Date: _____