



CSU – CAL MARITIME



PARKING PERMIT PAYROLL DEDUCTION AUTHORIZATION & EMPLOYEE PARKING PERMIT APPLICATION

PARKING PERMIT PAYROLL DEDUCTION AUTHORIZATION (To be completed by Human Resources)

Name: _____ Department: _____

Bargaining Unit: (Select One) 1 2 3 4 5 7 8 9 10 C99 M80

Units 2, 5, 7, 9: 10/12, Academic Year, or Cruise (\$11 per month) 12-month (\$14 per month)

Units 1, 4, 8, C99, M80: 10/12 or Cruise (\$15 per month) 12-month (\$18 per month)

Unit 3: Academic Year (\$9 per month) 12-month (\$12 per month)

Unit 10: 12-month (\$16 per month)

HR Authorization: _____ Date: _____

EMPLOYEE PARKING PERMIT APPLICATION (To Be Completed by Employee; Typed Forms are Preferred)

Name: Last _____ First _____ MI _____

Permanent Address: _____ City _____ ST _____ Zip _____

Telephone: Cell #: _____ Alternate #: _____

Vehicle 1: _____ / _____ / _____ / _____ / _____
Year Make and Model Color License Plate # State

Vehicle 1: Registered Owner's Name: _____

Vehicle 2: _____ / _____ / _____ / _____ / _____
Year Make and Model Color License Plate # State

Vehicle 2: Registered Owner's Name: _____

IMPORTANT – Please Read.

I, the undersigned, have read and understand the CSUM Parking Rules and Regulations posted on www.csum.edu. I understand that illegally parked vehicles may be cited, immobilized or towed at my expense. The permit issued to me is **non-transferable to any other individual**. I understand that the California Vehicle Code, Vallejo Municipal Code and the CSUM Parking Rules and Regulations are enforced at all times. I certify that the vehicle registration is in my name or in the name of an individual within my household.

By signing this form, you acknowledge that you have read and understand the above statements, and that all information you have provided on this form is accurate and true.

Signature: _____ Date: _____

FOR UPDATES TO YOUR VEHICLE RECORDS, please contact Police Services: 707-654-1179
IN CASE OF AN EMERGENCY INVOLVING YOUR VEHICLE(S), please provide and emergency contact:

Primary Emergency Contact Name: _____ Phone: _____

Alternate Emergency Contact Name: _____ Phone: _____

To be completed by the Cashier:

Permit Number: _____ Date Issued: _____ Cashier: _____