

Drexel Parking Services Permit Sales Contract

revised 7/27/2011

Official Use Only

Lot					
Permit Number					
Expiration Date					
Fee/ Type					

Customer Information

First and Last Name: _____ Dragon Card Number: _____ ID Number: _____

Official University Email: _____ Phone Number: ____-____-____ **Check One:** Student Employee

Please Check One: Drexel University City Main Campus Drexel University Queen Lane Medical Campus

If Student Please Check One: Freshman Sophomore Pre -Junior Junior Senior Graduate Law Med

Student Local Address: _____

If Employee Department: _____ Title: _____ Office Location: _____ Extension: _____

Vehicle Information - List all vehicles that will use the permit issued. For car pools, list customer's vehicle first, then car pool partner vehicle(s).

1.	_____ / _____ / _____ / _____ / _____
	Make and Model License Plate Number State Vehicle Identification Number (VIN) Registered Owner's Name
	_____ / _____ / _____ / _____ / _____
	Owner's Address City State Zip
2.	_____ / _____ / _____ / _____ / _____
	Make and Model License Plate Number State Vehicle Identification Number (VIN) Registered Owner's Name
	_____ / _____ / _____ / _____ / _____
	Owner's Address City State Zip
3.	_____ / _____ / _____ / _____ / _____
	Make and Model License Plate Number State Vehicle Identification Number (VIN) Registered Owner's Name
	_____ / _____ / _____ / _____ / _____
	Owner's Address City State Zip

Authorization Agreement

I agree: To park where licensed and to display parking permit as designated inside vehicle. Drexel University is not responsible for fire, theft of or vandalism to, vehicle or content contained therein. Parking on Drexel University Facilities will be at one's own risk. The complete Drexel Parking Services policy and regulations are available on the Drexel web pages at www.drexel.edu/parking which I have read and will adhere to.

Signature: _____ Date: _____