UNIVERSITY 2010
SPRING PARKING PERMIT APPLICATION

Last Name:			
First Name:			
R # or Staff ID #:			
Address:			
City/State/ZIP:		**Telephone:**	
Please Circle One:	Faculty Staff Student Other _____		
E-Mail Address:			

PLEASE REGISTER THE MAIN VEHICLE YOU WILL BE DRIVING ON CAMPUS.

	License Plate #	State	Make
1.			

PERMIT ZONES AND FEES

To obtain a parking map, or for more parking and transportation information, please visit our web site at **www.unr.edu/parking**

West Stadium Parking Complex (Silver 17 Zone)

- **Spring/Summer Permit (Jan-Aug) - $238**
- **Spring Permit (Jan-May) -$188**

Located north of Lawlor Events Center

- **Green zone (Jan-Aug) $152**
- **Green Spring (Jan-May) $103**

Located north of the Football Stadium/ surface lots only

- **Evening Permit- (Jan-Aug)-$75**

Valid after 3:30 p.m. in the West Stadium Parking Complex

Yellow Dorm Parking (Must be a dorm resident)

- **Spring/ Summer Permit (Jan-Aug) -$238**
- **Spring Permit (Jan-May) -$188**

- **College Park/ The Highlands (Jan-Aug) -$75**
  Must be a College Park Resident

- **Disabled- (Jan-Aug)-$75**
  (Please send copy of drivers license and DMV issued placard)

- **Motorcycle (Jan-Aug)-$30**

- **Wolf Pass Service (Jan-Aug) -$80**

Please note: If you are interested in parking in other zones, you may contact Parking Services to get on a waiting list

BICYCLE INFORMATION Bicycle Registration – FREE Bike Lockers are available for a $20 yearly rental fee.

Make		Color		Serial Number	

Please include a check or money order, made payable to the "Board of Regents", for the total indicated. If you would like to pay with a credit card, please provide the information below. Please allow four weeks for delivery, if purchasing by mail. Please send or fax this application with payment to:

Parking and Transportation Services Department /0254
University of Nevada, Reno
(775) 784-4654 phone
(775) 784-6219 fax

For Office Use Only:
Payment Amt.: $_____ Payment Type: Cash PD CREDIT CK#_____

Initials:____ Permit Type:_____ Permit Number:_____ Date:____/____/____

Credit Card # __/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/ Expiration date __/__

Signature_____