

# Chicago Parking Request Form

Trans: 51vvh975EfdwEgi4n14dV02i4nP

Name : \_\_\_\_\_ N.U. ID #: \_\_\_\_\_  
Last First M.I.

School/Dept.: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## VEHICLE INFORMATION

Exp. Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Make	License Plate No.	State	Decal # (Please leave blank)
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_____	_____	_____	_____
_____	_____	_____	_____

## ALL APPLICANTS

, DJUHH WR UHDG DQG FRPSO\ ZLWK 1RUWKZHVWHUQ 8QLYHUVLW\ 3DUNLrgrstax0 of a vehicle  
falsification of any of the above information will result in the loss of parking privileges, parking permit fees, and result in my being referred to Student Affairs.  
In addition to the permit fees, in the event that a government agency (city, county, etc.) increases applicable parking taxes during this time, I authorize the University to charge an amount equal to that additional parking tax to my student account.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**\*Students Only:** I authorize Student Accounts to charge my account: \$ \_\_\_\_\_