



California State University, Sacramento
 University Transportation & Parking Services
 (UTAPS)

Departmental Permit Purchase Form

Sacramento State is not responsible for lost or stolen permits. If a permit is lost or stolen, UTAPS will place the permit on a fraudulent use list. You may request to purchase another permit at our office located in Folsom Hall at 7667 Folsom Blvd. By his/her signature below, the undersigned has read and understands that misuse of a Sacramento State parking permit may result in the revocation of said permit, issuance of parking citations and/or other corrective measures. For more information on parking regulations, please visit www.csus.edu/utaps.

Departments may not purchase parking permits for employees represented by a collective bargaining agreement.

DEPARTMENT INFORMATION

Semester Permit Weekly Permit Daily Permit Quantity: _____

Department Name: _____

Department ID (*correct example: 49900*): _____

Fund (*correct example: MDS01, MDR01*): _____

Class Code (if applicable): _____

Department Chair/Dean/Director: _____ Date: ____/____/____
(Must have delegation of authority for expenditure transfers) Please print name

Please sign name

RECIPIENT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Signature of Recipient: _____ Date: ____/____/____

<i>For UTAPS Office Use Only</i>	
Permit Number(s): _____	Amount: _____
Issued By: _____	Date: ____/____/____