

**PARKING REGISTRATION ADJUSTMENT**

Name \_\_\_\_\_ Employee or Student ID # \_\_\_\_\_

Department Phone Extension \_\_\_\_\_ Hang Tag # \_\_\_\_\_

**I authorized the modification of my parking plan to:**

- Reserved at established rate
- Guaranteed at established rate
- Regular rate based on salary

**Payment method requested:**     Payroll     Cash     Check/Money Order     Credit

**My current parking status is:**     Reserved     Guaranteed     Regular

**My current payment method is:**     Payroll     Cash     Check/Money Order     Credit

**I wish to stop participating in the parking program**

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

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Public Safety has received     Hangtag    Signature \_\_\_\_\_

**For Cashier Use if Required:**

Cash     Check/Money Order     Credit    Receipt # \_\_\_\_\_

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

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