

Date:					
Name:			Office Phone:		
Email:					
Department N	ame/Organization	n:			
Dept. ID:					
	QTY.		TYPE REQUESTED		
	FY24 Runn		er Permit		
		FY24 Service	e Vehicle Permit		
Please provide the following information: (Only Service Vehicle Permit Request)					
Make:		Make:		Make:	
Model:		Model:		Model:	
License Plate:		License Plate:		License Plate:	
Director or Equivelent Approval Signature:					
Email completed request form to deptpark@central.uh.edu and an invoice will be emailed within 1 to 2 Business Days. Please allow at least 2-3 business days for all requests to ensure proper approval and processing after payment has been received. <b>UH Service Vehicle Permits</b> are mainly for facilities service vehicles to gain access to gated lots and garages for maintenance purposes only. <b>Runner Permits</b> are good for 2 Consecutive Academic School Year(s). The cost of the Runner Permit reflects a 2-year usage of the permit.					
OFFICE USI	E ONLY:				
Invoice:					
Method of Paym	nent:				
Reference #:					
Permit/Space #:			Date:		
Picked Up by:	(Prin	nt Name)			
-	(Sig	n Name)			