NIFS PARKING PERMIT APPLICATION

Last Name	First Name		MI
Address	City	State	Zip
Phone	Email Address		
Vehicle #1 Plate Number	Make/Model	Year	Color
Vehicle #2 Plate Number	Make/Model	Year	Color

Permit Number

Valid ____/____/____

Thru ____/____/____

Reason (be specific)

Type of Permit

Standard ❑

Student ❑

Temporary ❑

IUMG Clinic ❑

Prox Card ❑

Other _____

Payment Method (if applicable)

Standard Permit $10 X _____mos = $_____

Proximity Card $25 $_____

Total $_____

Cash ❑ Credit Card ❑ Check ❑

Included _____

AutoPay (must complete EFT Form) ❑

Direct Bill ❑

I agree to comply with all the NIFS rules and regulations as published. I understand misuse of this permit may be cause for loss of parking privileges. I understand that I may terminate this agreement by returning the issued permit and paying any outstanding fines or charges.

Signature _____

Date _____