

# WASHBURN UNIVERSITY POLICE DEPARTMENT

## APPLICATION FOR RESTRICTED PARKING ACCESS

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

WIN \_\_\_\_\_

DEPARTMENT/AREA \_\_\_\_\_

EXT. # \_\_\_\_\_

Primary

Vehicle Tag # \_\_\_\_\_ Co. \_\_\_\_\_ State \_\_\_\_\_ Make/Model of vehicle \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_ Body Style: 2 Door 4 Door Van Pickup Other \_\_\_\_\_

**If you use more than one vehicle, please give information on the additional vehicles:**

Vehicle Tag # \_\_\_\_\_ Co. \_\_\_\_\_ State \_\_\_\_\_ Make/Model of vehicle \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_ Body Style: 2 Door 4 Door Van Pickup Other \_\_\_\_\_

Vehicle Tag # \_\_\_\_\_ Co. \_\_\_\_\_ State \_\_\_\_\_ Make/Model of vehicle \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_ Body Style: 2 Door 4 Door Van Pickup Other \_\_\_\_\_

Hang Tag Permit # \_\_\_\_\_ Gate Card # \_\_\_\_\_

**Issuance of Restricted Parking Access requires authorization of the Department Head & assurance the property will be returned upon a change in employment status. It is understood that there is a \$5.00 replacement fee for lost or stolen gate cards.**

Name (Person Verifying Employment) \_\_\_\_\_

Signature (Person Verifying Employment) \_\_\_\_\_

New Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

PLEASE RETURN TO THE  
Washburn University Police Department  
Morgan Hall, Outside Entrance, Center Wing

OFFICE USE ONLY