

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
