

Departmental Delivery Permit

09-10 Application



Please complete the application below and return using one of the two following means:

1. Mail or Deliver

Transportation & Parking Services
160 Bevis Hall
1080 Carmack Road
Columbus, OH 43210-1002
(614) 292-9341

2. Fax

ATTN: Dontae Jones, Customer Service
(614) 292-1660

Required Information:

Department: _____ Org. Number: _____

Department Address: _____

Department Phone: _____

Permit Contact Person: _____

Permit Contact Person E-mail: _____

Number of Permits Needed: _____

Description:

Briefly describe expected use or need for Delivery Permit: _____

Permit Pickup Information:

When the permit is available for pickup, please call:

_____ at _____

Name

Phone

Authorization:

I am requesting a Delivery Permit for use within my department. The permit will be used under my authorization by members of my staff for short-term, University related parking. I will ensure that all employees using this permit have a valid and current OSU parking permit and are aware of the parking policies and will abide by them.

Authorizing Signature _____

(required for processing of request)

Department Use Only.

Permit Number: _____ Date Issued: _____

Date Picked up: _____ CUID#: _____

Picked up by: _____