

# UQ TRAFFIC & PARKING



Please fax your completed application form to (07) 3346 7527

## Parking Permit Application

- Chancellery   
  Multi-level   
  Dental School   
  Herston-HOS   
  Motorcycle  
 Mansfield Place   
  Conifer Knoll   
 Off peak   
  QBP   
  All-day

Staff No. (UQ staff only)         
 Student No.

Surname ..... First name ..... Title .....  
 Section/Unit/Centre ..... School .....  
 Building ..... Email .....  
 Mobile ..... Telephone .....

Vehicle Reg. No.	State	Make (e.g. Ford <sup>†</sup> )	Tick if Motorcycle	Tick if vehicle cannot be locked
.....	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>

Tick if a removable permit is required (ie. for alternating between vehicles)   
 Permit commencement date ..... / ..... / .....

### PAYMENT DETAILS

<input type="checkbox"/> <b>CASH / CHEQUE / MONEY ORDER / EFTPOS</b> Surname ..... Initials ..... Please do not send cash through the mail.	<input type="checkbox"/> <b>PAYROLL DEDUCTION AUTHORITY</b> (not available to casual staff) Complete this section if you wish to pay for permanent parking by regular deductions from your salary. Staff No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Surname ..... Initials ..... School or Section ..... I authorise The University of Queensland to deduct from my salary the amount payable. The amount is to be deducted in regular fortnightly instalments. I agree that unless I return my parking permit at least 7 days before ceasing employment, The University of Queensland may deduct from monies owing to me (including salary or wages) the difference between the amount I would have paid for permanent parking if I had not had payments deducted from my salary and the sum of the deductions from my salary for the year in question. <b>(Only permanent staff are eligible for salary deductions.)</b>
<input type="checkbox"/> <b>CREDIT CARD PAYMENT AUTHORITY</b> Please charge \$ ..... towards my <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa Card Card holder name: ..... Card No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiry Date ..... / ..... Signature of Card Holder ..... Date ..... / ..... / .....	Signature ..... Date ..... / ..... / .....

### SIGNATURE OF APPLICANT

The University does not accept any responsibility for the  
 (i) loss or damage to any vehicle; or  
 (ii) loss or damage to any article or thing,  
 in or upon any vehicle or for any injury to any person, howsoever such loss, damage or injury may arise, including by way of negligence by the University.

Signature ..... Date ..... / ..... / .....

**OFFICE USE ONLY**  
 Permit no. .... Date of issue ..... / ..... / .....