



STUDENT PARKING APPLICATION

PERMIT ISSUED: US- _____
(OFFICE USE ONLY)

Last Name: _____

First Name: _____

Driver's License: _____ - _____ - _____

E-Mail Address: _____

Local Address: _____

City: _____

Postal Code: _____

Telephone: (_____) _____
Area Code

UWINDSOR Student #: _____

If Out-of-Town Student:

Home Address: _____

City: _____

Postal Code: _____

Telephone: (_____) _____
Area Code

I wish to register the following vehicle(s) and understand that by signing below I am responsible for any and all parking violations issued to the following license plate number(s):

1. Plate: _____ Make: _____ Model: _____ Colour: _____
 Body Style: 2-Door 4-Door Hatchback SUV Truck Van

2. Plate: _____ Make: _____ Model: _____ Colour: _____
 Body Style: 2-Door 4-Door Hatchback SUV Truck Van

3. Plate: _____ Make: _____ Model: _____ Colour: _____
 Body Style: 2-Door 4-Door Hatchback SUV Truck Van

I wish to apply for handicapped parking. I am attaching a copy of my current MOT permit front and back.

Student Signature: _____

Date: _____

Submit Form To: Campus Parking Services located at Joyce Entrepreneurship Centre, 2455 Wyandotte Street West, Room #106
 If you have any questions while completing the form, please contact 519-253-3000 ext. 2413