

*California State University Dominguez Hills*  
*Accounting Services*  
*Student Financial Services*

## Parking Permit Request (Payment in Full)

All areas in the shaded box below MUST be completed, including the address that the permit is to be sent. PLEASE PRINT.

Name \_\_\_\_\_ Campus ID # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone \_\_\_\_\_

Requestor Signature \_\_\_\_\_ date \_\_\_\_\_

### CHECK PERMIT TYPE YOU ARE REQUESTING

PERMIT TYPE	Valid Dates	Check Box
SPRING 2022 FACULTY /STAFF	01/18/22-05/31/22	
ACADEMIC ANNUAL FACULTY/STAFF	08/17/21-05/31/22	
FISCAL YEAR FACULTY/STAFF	07/01/21-06/30/22	

- **Attach a check or money order to this form for the corresponding amount.**
  - See table on next page to locate the amount due.
- **Please make check or money order payable to CSUDH Parking Services.**
  - Write your Campus ID # on the memo line.
  - Incomplete payments will not be processed and returned to requesting party.
- **Drop completed form with check or money order in Student Financial Services Drop Box Located in WH-270**
- **Forms will be collected, processed and permits will be mailed once a week.**

<b>Cashiers Office Use Only</b>	Reviewed and approved: <i>Manager or designate</i>		
	Permit #		
Date Payment Processed/ Permit Issued	Processed by	Check Number	Check Date