SAINT MICHAEL'S COLLEGE ZONE PERMIT REQUEST

Permit #

| NAME (Last, First MI) | | NUMBER | Undergraduate YearZone (circle one) A B | FOP: CA CK KC |
|---|--|---|---|---|
| CAMPUS ADDRESS | SMC Box # | PHONE | | Amt pd |
| STATE PLATE # I agree to comply with the current put this vehicle's operation by me or othe use on campus. I understand that vic charged to my student account. Zone privileges. | rs, and I agree to hold Sai plations of parking and traft | nt Michael's College free fr fic regulations are subject t | rom any claims for loss or damag to fines, that unless settled withi | ge arising from this vehicle's n 30 days of issuance, will be |
| SIGNATURE | D/ | ATE | Please charge \$45 to m | y Knight Card initials |
| | | | | |

IMPORTANT INSTRUCTIONS FOR ZONE A REQUESTS

Please indicate your preference for an area assignment within Zone A. CIRCLE your FIRST choice and place an X through your LAST choice on the form. Area assignments will be made by seniority (Seniors first).

