

PARKING REGISTRATION FORM

Parking Office / 515 S.	Wilson Ave. /	parking@caltech.edu /	Mail Code 200-63 /	http://www.parkin	ıg.caltech.edu
Please use this form to Completed forms can b (Please visit parking.caltect	e submitted via	email to: parking@ca	ltech.edu, or in perso	n at 515 S. Wils	on Ave.
APPLICANT INFORMATION					
I am: Staff	Student	Faculty Member	Affliate	stdoc	
Last Name					
First Name					
Middle Initial					
UID Number					
Dept / Division					
Mail Code					
Phone					
Email					
PAYMENT INFORMATION					
I am requesting a: Commuter Permit Reserved Permit					
Please select payment type:					
☐ Cash / Check - If paying by cash or check, please select one of the following: ☐ Quarterly ☐ Annually					
☐ Student Account	Quarte	y	Aimaily		
Payroll Deduction	1				
VEHICLE INFORMATION*					
License Plate Number	License State	Make	Model	Color	Year
*Ask about our Low Emission Vehicle Discount					
Applicant Signature:				Date:	
Please check here if you are interested in ridesharing					