RUTGERS
University Facilities
and Capital Planning

Department of Transportation Services
Rutgers, The State University of New Jersey
55 Commercial Avenue
New Brunswick, NJ 08901

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848-932-7744
Fax: 732-932-1450

ADDITIONAL PARKING REQUEST

Name_____ Student ID #_____
(Last) (First)

Permit #_____ License Plate_____

Residence Hall_____ Today's Date_____

E-Mail: _____ Telephone # _____

This form must be completely filled out. Explain where and when you need additional parking and the reason for your request. Back to back classes will not be accepted as a reason for additional parking. Requests for a medical reason must be submitted with the Certification of Medical Need form completed and signed by a physician. If this form is not filled out completely, it will not be reviewed. If your additional parking request is approved, a fee will be assessed*. In all cases, the class schedule must be filled out. Please include email address as all notifications of final decisions will be sent via email.

**fee not required for additional parking due to medical need*

BRIEF STATEMENT OF REASON FOR REQUEST

- **PLEASE FILL IN BUILDING AND CAMPUS.**

PERIOD	TIME	MON	TUES	WED	THURS	FRI
1						
2						
3						
4						
5						
6						
7						
8						
9						

If an RU Department is paying the fee this form must be accompanied by an IPO or it will not be proccesed

OFFICE USE ONLY APPROVED BY:_____

LOTS:_____ FEE COLLECTED:_____

HOURS:_____ DENIED BY:_____

DAYS:_____ ADDITIONAL PARKING#_____

START DATE:_____ EXPIRATION DATE:_____