

Application for accessible parking for University of Auckland staff



NAME: _____ ID: _____

ACCESS NUMBER (found on the back of your swipe card): _____

HOME ADDRESS: _____

PH: _____ MOB: _____ EMAIL: _____

FACULTY/DEPT: _____

Do you hold a CCS Mobility Parking Permit Card? Yes No

If yes, copy and attach with your application form.

Is your disability: Temporary Permanent

Medical documentation is required to be attached with your application.

Parking is required from (date): ___/___/___ to ___/___/___

I require parking for: Less than 20 hours a week
More than 20 hours a week

If you are not already paying for staff parking \$25 per week payment is required.

Parking Fee Payable: _____ Cheque / Cash (circle one)

Eftpos and credit cards can be accepted at the Cashiers Office Rm 112, The Clock Tower Building, 22 Princes St only.

I authorise Staff Equity to confirm this information –

Vehicle Make: _____ Registration: _____

Area where parking is requested: _____

A parking permit allows the holder to seek parking in the University car parking areas. **It does not guarantee the permit holder a car park.** Please return this form with the appropriate documents to:

Cathie Walsh, Staff Equity Manager,
Room 111, Eastwing of the Clock Tower, 22 Princes Street, Auckland.
cathie.walsh@auckland.ac.nz Ph ext; 87844

For office use only

Approved Declined Date: _____ Signed: _____

Area: _____

Permit Duration: ___ / ___ / ___ to ___ / ___ / ___

Paid: _____ (A/c 651/8106) UoA Permit No: _____