CSUCI Permit Number Issued ☐

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS
Police and Parking Services
One University Drive ✧ Camarillo CA 93012
(805) 437-8430 (O) ✧ (805) 437-8431 (F)

PARKING REGISTRATION APPLICATION

For Semester Faculty and Students

Participants of carpools must submit their applications simultaneously and one vehicle owner must be identified as the party responsible for paying the required fees.

PERMIT	☐ Fall _____ ☐ Spring _____ ☐ Summer _____		
CATEGORY	☐ Faculty ☐ Student ☐ Volunteer (Teaching assistants are entitled to student permits)	**PARKING DESIGNATION**	☐ **"A" Lots** ☐ **Student Housing**

REGISTRANT INFORMATION

LAST NAME	**FIRST NAME**	**STUDENT ID** (Must be completed to process application)
MAILING ADDRESS		
CITY	**STATE**	**ZIP CODE**
HOME TELEPHONE NUMBER	**WORK TELEPHONE NUMBER**	**SCHOOL** ☐ CSUCI

VEHICLE INFORMATION

(For owners of multiple vehicles, only one permit will be issued, unless the 2nd vehicle is a motorcycle)

VEHICLE #1 ARE YOU THE REGISTERED OWNER OF THIS VEHICLE? ☐ Yes ☐ No If no, write name(s) below.

VEHICLE MAKE	**VEHICLE MODEL**	**REGISTERED OWNER NAME(S)**	
VEHICLE COLOR(S)	**LICENSE PLATE NUMBER**	**STATE**	**VEHICLE YEAR**

VEHICLE #2 ARE YOU THE REGISTERED OWNER OF THIS VEHICLE? ☐ Yes ☐ No If no, write name(s) below.

VEHICLE MAKE	**VEHICLE MODEL**	**REGISTERED OWNER NAME(S)**	
VEHICLE COLOR(S)	**LICENSE PLATE NUMBER**	**STATE**	**VEHICLE YEAR**

VEHICLE #3/MOTORCYLE ARE YOU THE REGISTERED OWNER OF THIS VEHICLE? ☐ Yes ☐ No If no, write name(s) below.

VEHICLE MAKE	**VEHICLE MODEL**	**REGISTERED OWNER NAME(S)**	
VEHICLE COLOR(S)	**LICENSE PLATE NUMBER**	**STATE**	**VEHICLE YEAR**

PARKING FEES			**Semester**		
Vehicles (Students)	Lots A1-A10	☐	$145.00		
Vehicles (Students Housing)	Lots SH and A10 (SP)	☐	$135.00		
Vehicles (Faculty)	Lots A1-A10	☐	$98.45		
Motorcycles (Students)	Lots A4 and A7	☐	$34.00		
Motorcycles (Faculty)	Lots A4 and A7	☐	$24.19		

Please make check or money order payable to: CSU Channel Islands

OFFICE USE ONLY

FORM OF PAYMENT

Student Only: ☐ American Express ☐ Discover ☐ MasterCard
Faculty Only: ☐ MasterCard ☐ VISA

Card # _____ Expiration ____/____

Card Holder's Signature_____

Batch # _____ Reference # _____

☐ Cash ☐ Check # ☐ Money Order #

DATE RECEIVED	**AMOUNT RECEIVED**
INVOICE NUMBER	**DATE ISSUED**

APPLICATION PROCESSED BY

Please return application and payment to the address above.