

Colorado Mesa University Parking Permit Application 2021/2022

Order # _____ (required to process permit)

NAME _____
Last First M.I.

Local Phone: _____ Email Address: _____

Local Address :

_____ Number/Street City State Zip

Permit Type:

Circle One: Wellness Center Sodexo Maverick Hotel CMU Custodial Little/Mini Mavs Service Contractor

VEHICLE #1

License Plate # _____ State _____ Year of Vehicle _____

Make & Model _____ Body Style _____ Color _____

Registered Owner _____

Registered Owner Address _____

Number/Street City State Zip

VEHICLE #2 (For 2nd Vehicle)

License Plate # _____ State _____ Year of Vehicle _____

Make & Model _____ Body Style _____ Color _____

Registered Owner _____

Registered Owner Address _____

Number/Street City State Zip

Office Use Only

Permit # _____ Date _____ Issued by: _____

Permit Type Residence Hall Commuter Reserved Value
Motorcycle Faculty/Staff Rec Center/Swim

Paid by: Cash Credit/Debit Check # _____ Amount: \$ _____