

**University of Colorado at Colorado Springs
Parking Services**

Departmental Visitor Parking Code Application and Agreement

NOTE: This form can be scanned and sent in PDF or brought into the Parking office in hard copy

Please see the provisions for use of the Departmental Visitor Parking Codes included with this form. Your signature on this form indicates your understanding and agreement with the provisions regarding use of visitor parking codes.

Date submitted: _____

Department: _____

Speed Type: _____ FOPS Manager: _____
Used to charge for parking use Individual in PeopleSoft listed as fund manager for this speed type
No split FOPS

Contact Name: _____

Contact phone #: _____ Contact e-mail: _____

Responsible Party _____
This is the individual designated by the department to receive and review the monthly audits.

Responsible Party Campus Mailing Address: _____

Responsible Party Phone Number: _____

Please describe the need for the code and anticipated uses per week:

Renewable option? _____ Yes _____ NO

Is this code for an event? _____ Yes _____ NO

Your signature below indicates you have read, understand, and agree to abide by the policy and procedures of the Department of Public Safety regarding the distribution and use of Visitor Parking Codes.

Printed name of Department Head or Fund Manager

Signature