Departmental Gate Permit Application

MSC 1301
Harrisonburg, VA 22807
Phone: 540.568.3300
Fax: 540.568.7301
www.jmu.edu/parking

Department Name: __________________________ Contact: ______________ Title: __________
(Please Print)

Building: __________________________ Room: ________ MSC: __________

Office Phone: __________ Office Fax: __________ Cell Phone: __________ E-Mail: ________

Justification for permit request: __________________________

________________________________________________________________________________________

Contact Signature: __________________________ EMPLID: __________ Date: ________________

Signature Authority: Dean, Vice President or Associate /Assistant Vice President

Signature: ____________________________________________ Date: ________________

Name: ______________________________________________ EMPLID: __________
Print (Last, First, Middle Initial)

Division: __________________________ Office Phone: __________ MSC: __________

- A maximum of three gate permits are issued at no charge to authorized university departments
- Additional gate permits will cost $10 each

Indicate the quantity of gate permits requested at no fee:
____ Gate Permit (1-3)

Indicate the quantity of gate permits requested at $10 each (ATV payment is required at the time of application)
____ Contact Parking Services to discuss details associated with ATV payments.

This form should be completed by the employee and forwarded to the appropriate signature authority for approval prior to being submitted to Parking Services for processing.

Parking Services Office Use

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