



Call Out Parking Application

(PLEASE COMPLETE ALL RELEVANT DETAILS AS INCOMPLETE FORMS WILL NOT BE PROCESSED)

Surname: Given Names:

Residential Address: (Suburb)

Postcode: Home Telephone Number: Mobile:

Email:

Staff Details: Full time Part time Position:

Staff Number: S - School/Section:..... Ext:

Cardax Pin Number: Note this is the number on the back of your id card

Vehicle Details: Please enter details of **all** vehicles which may use the parking permits

Registration: Car M/Bike Make: Model:

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Application Considerations:

Call out parking commencing from: Please note unless special circumstances exist, call out parking starts at 1800 hrs

1600 hrs 1800 hrs 2000 hrs Include Weekends

Permit to be issued for

Half Year , expires 30 June - \$22 (GST Inclusive) Full Year, expires 31 December - \$44 (GST inclusive)

Nature of Callout:

.....

Expected usage of permit:

Certification by Applicant:

1. I understand that it is my responsibility to clearly display the parking authorisation at all times and that I am bound by the QUT Act, statutes, rules and administrative provisions applying to traffic control within the University grounds.
2. I will inform the University Administration of any change of address or other information supplied on this form within seven days of the change.
3. I acknowledge that the vehicles are parked at the owner's risk.
4. Persons and vehicles nominated on this form are the only persons or vehicles using the University parking areas.
5. To the best of my knowledge the information supplied on this application is correct.
6. I confirm that this permit may only be used when attending to QUT call outs. It will not be used for private business.

Signature: Date:

Office Use Only		
Entered Stamp and initials	Rank:	Application #:
	Parking Area:	

Payment & Collection Details

Permit to be collected from: Gatehouse Office

Permit to be collect on/...../..... or advise when ready by Email. phone

All parking at Gardens Point attracts a charge. Charges for call out parking are \$22 for a ½ year and \$44 for a full year.

Payment can be made either by Internal Transfer – please complete the account code below (GST does not apply) or by cash, cheque, EFTPS or credit card by the individual. Payment should be made when submitting the application form.

Receipt details:

Amount: Receipt Number: Receipt Date: Initials

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Verification by Supervisor:

I confirm that the applicant is required to attend after hours call outs as per the information supplied on this form.

Payment is to be made by:

Internal Transfer

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Individual to pay

Name: Position:

Signature: Date: