



# PARKING APPLICATION

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

Semester 1 Due: 5.00 pm Thursday 14 February 2008 Semester 2 Due: 5.00 pm Thursday 10 July 2008

Semester 3 Due: 5.00 pm Thursday 6 November 2008

Please indicate which campus this application refers to. **Note you must fill in a separate form for each campus. TICK ONE BOX ONLY**

All Campus  
Senior Staff only

Carseldine  
Full Year Permit

Gardens Point

S1

S2

S3

Kelvin Grove

- please use separate KG Form

Faculty/Division: ..... School/Section: .....

Area: .....

Contact: ..... Ext: ..... Fax: .....

**Cardax Pin Details:** Gardens Point and All Campus applicants **MUST** supply this number.

Normally a separate parking card is allocated to each floating permit.

Please supply the number of this card. Only one card per permit will be allocated

A new card attracts a \$20.00 charge.

**Times:** Please tick the time by day you will be requiring parking on the campus. Eg 7-11am would require ticks to be placed in the 00-08, 08-10 and 10-12 time slots. Note that you are given 20 minutes either side of your times to enter & exit.

TIME/DAY	M	T	W	T	F
00 - 08					
08 - 10					
10 - 12					
12 - 14					
14 - 16					
16 - 18					
18 - 24					

Carseldine Permits valid 25 February 2008 to 20 February 2009

Gardens Point & Kelvin Grove

Semester 1 Invoice periods

Semester only – 25 February to 30 May 2008

Exam period – 2 June to 18 July 2008

Semester 2 Invoice periods

Semester only – 21 July to 24 October 2008

Exam period – 27 October to 14 November 2008

Semester 3 Invoice periods

17 November 2008 to 20 February 2009

### Verification by Supervisor:

1. I understand that the parking authorisation must be clearly displayed at all times and that the use of the parking facilities is 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.

Name of Supervisor: ..... Position Title: ..... Ext # .....

Signature: ..... Date: .....

### Office Use Only

Person Number:

Entered Stamp and initials

Rank: .....

Parking Area: .....

Application #: .....

