



Parking and Transportation

Vendor Parking Program Enrollment Application Form

**Bold Categories are Mandatory*

Company Name:

Primary Contact Name:

Primary Contact E-mail:

Primary Contact Phone Number:

Secondary Contact Name:

Secondary Contact E-mail:

Secondary Contact Phone Number:

Primary LMU Contact Name:

Primary LMU Contact E-mail:

Primary LMU Contact Phone Number:

Brief statement explaining the need to park outside of regular parking areas:

*Permit No. To be
completed by the
Parking Office*

Make	Model	Color	State	Plate Number	Permit No.

**Multiple vehicles under a single permit may not park on campus at the same time. Only vehicles registered on this form are covered under this program.*

Date:

Signature:

The Department of Parking and Transportation has the right to suspend or revoke an individual's (or company's) participation in the program for any reason. Any violation (or the suspected violation) of the expectations set forth in the program's details will warrant the termination from the program. The Department of Parking and Transportation may amend or change this document without notice.