



UNIVERSITY OF LEEDS

Application for a Departmental Parking Permit

SECTION 1A: DEPARTMENT DETAILS

Please enter the name of the department, faculty, or service for which this application is made.

Department	
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SECTION 1B: CONTACT DETAILS

The information provided in this section is to indicate who will be responsible for the daily administration of your department's permits and spaces. Please nominate a deputy for periods or days when the departmental administrator is absent.

Contact Name			
Email		Phone Number	
Building		Room	

Deputy Name			
Email		Phone Number	
Building		Room	

SECTION 2: PERMIT REQUIREMENTS

Vehicle Type <i>(Please tick one)</i>	University owned vehicle	
	Staff owned vehicles	

University owned vehicle

If this application is for a university owned vehicle, please complete the box below with details of the vehicle.

Registration		Make	
Model		Colour	

Staff owned vehicles

Please list the vehicle(s) you wish to be covered by this permit. If you need to add more than five vehicles, please attach a list to this form.

	Staff name	Job Title	Vehicle	
			Registration	Description
1				
2				
3				
4				
5				

To add or remove vehicles at a later date, send your request in writing to carparking@leeds.ac.uk

SECTION 3: CRITERIA & EVIDENCE

Criteria	Criteria Detail Tick as appropriate
1	Travel between University sites and/or non-University sites, to carry out works and/or provide services. <input type="checkbox"/>
2	Travel between University sites collecting and delivering bulky items. <input type="checkbox"/>
3	Vehicles used for a sole purpose (i.e. outreach or field work vehicles that are used on an infrequent basis) <input type="checkbox"/>

<p>Please specify in this box the nature of the tasks necessitating use of a parking space and permit(s).</p> <p>For criteria 1 & 2 please specify why movement by other means (by foot, cycle, public transport or taxi) is not viable.</p>	
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Evidence Provided

For the criteria you have selected on the previous page, please indicate the evidence you are submitting for the department stated on the application form. 3 does not require any supporting evidence.	
Evidence	
Vehicle log book	<input type="checkbox"/>
Mileage claims	<input type="checkbox"/>
Other (<i>please specify</i>)	<input style="width: 400px; height: 25px;" type="text"/>

SECTION 4: TERMS AND CONDITIONS

By applying I agree to abide by the University's Car Parking [Terms and Conditions](#), and will ensure all users of this permit will do likewise (the full document is available at <http://carparking.leeds.ac.uk/downloads>).

I also understand and agree to the following:

- The University accepts no liability for any loss or damage to vehicles parked in any of its Car Parks.
- I certify that I have a full Driving Licence and my vehicle is fully taxed, insured and has a valid MOT certificate.
- The details provided in this application form are accurate and complete
- To inform the Facilities Directorate Helpdesk of any changes to the registration information provided. Failure to inform the Facilities Directorate Helpdesk may result in being issued with an enforcement notice.
- I agree that the University reserves the right to withdraw my permit or to change the areas where car parking is allowed.
- This car parking permit is solely for my use and I agree not to transfer it to any other person unless I am part of a verified car sharing group.
- If this application form has not been completed fully it will not be considered for the application process.
- Issue of a permit does not guarantee me a parking space.

Note: Cooling off period - If you change your mind and do not wish to take up a permit you have 14 days from registration to notify the University in writing of your wish to cancel. Please send such notification to carparking@leeds.ac.uk or by letter to Facilities Directorate, Facilities Directorate Building, University of Leeds, Cloberry Street, Leeds, LS2 9JN. If you cancel during this period you will not be charged and any payments made by you will be refunded.

You are about to apply for a departmental permit to park at University of Leeds Car Parks.

Your department will be charged **£528 per year** as per the schedule of charges which are set out in the Pricing Policy on the website. Please supply us with your Departmental Account Code.

**Departmental
Account Code:**

This payment must be authorised by the Head of Department/Faculty/Service.

SECTION 5A: DECLARATION BY HEAD OF DEPARTMENT/ FACULTY/ SERVICE

Head of Department:

I verify that this permit is required for the reasons stated on this form and authorise the use of our departmental budget to pay for the permit.

Signed:

Date:

If you proceed, your application will be checked and you will be notified if you are allocated a permit.

SECTION 5B: DECLARATION BY APPLICANT

I declare that the information that I have given on this form is correct and complete. I understand that if I knowingly provide false information this may result in disciplinary action. I consent to the disclosure of information from this form to and by the University for the purpose of verification and the investigation and prevention of fraud.

Signed: Date:

Please send your completed application and any supporting evidence required to:-

Post: Facilities Directorate, Facilities Directorate Building, University of Leeds, Cloberry Street, Leeds, LS2 9JN
Telephone: 0113 343 5491
Email: carparking@leeds.ac.uk

For Office Use Only:

Permit Issued by: Issue Date: Zone: