



**SPECIAL CIRCUMSTANCES PERMIT APPLICATION**

**(Please Print All Information)**

Applicants Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

EID#: \_\_\_\_\_ PID#: \_\_\_\_\_

Please circle the correct status level: Permanent Full Time Employee / Permanent Part Time Employee

Work Schedule (Indicate specific hours): \_\_\_\_\_

List Registered Vehicle Tag number: \_\_\_\_\_

How do you currently get to work? \_\_\_\_\_

Do you currently have a UNC Parking Permit? \_\_\_\_\_ If yes, which zone? \_\_\_\_\_

*Please give specific details of why you are requesting special consideration for parking:*


*(Use Other Side If Necessary)*

**Please Have Your Department Head Complete the Section Below:**

Department Head should verify all above information above as well as looking at Alternative Options provided by Chapel Hill Transit. If the Department Head approves application, sign below and forward to Division Director.

Dept. Name: \_\_\_\_\_ Cost Center #: \_\_\_\_\_

Dept. Head Telephone: \_\_\_\_\_

Dept. Head Signature: \_\_\_\_\_

Division Director: Please review all information above. If you approve the request, sign below and forward to the Hospital Parking Manager.

Division Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Date of review: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Zone Approved: \_\_\_\_\_ Expiration date of permit: \_\_\_\_\_

Application Denied Date: \_\_\_\_\_ Declined reason \_\_\_\_\_

Comment \_\_\_\_\_