

NIU RETIREE PARKING PERMIT FORM						Office Use Only
Please Print Clearly						Permit Number
Last Name		First Name		Initial		RA
_____						Fee & Method of Payment
I retired from (Department name): _____					Home phone #	ID#
Home Address: Street _____ City _____ State _____ Zip Code _____ Email address: _____					Cell phone #	FLAG
Auto <input type="checkbox"/> /Truck <input type="checkbox"/> Cycle <input type="checkbox"/>	Make(s)	Model(s)	Year(s)	Color(s)	License Plate/State	Clerk Initials and Date
Auto <input type="checkbox"/> /Truck <input type="checkbox"/> Cycle <input type="checkbox"/>	_____	_____	_____	_____	_____	

*****Retiree parking permits are \$10.00*****

***** REPLACEMENT PERMITS ARE \$20.00 *****

**Please mail completed form to:
Northern Illinois University
Campus Parking Services
121 Normal Road
DeKalb, IL 60115**

This parking permit is available to me, provided I have no outstanding citations on my record.

This permit is issued as a privilege and is not to be used by relatives or other persons actively employed by, or enrolled in the University.

I understand the UNIVERSITY PARKING RULES & REGULATIONS are available through the website, www.niu.edu/parking and I agree to review and comply therewith.

Signature _____ **Date** _____