



UNIVERSITY OF ARKANSAS

Facilities Management

Non-University Owned Vehicle Sidewalks and Grounds Permit Request

Permit Requester and Telephone #: _____

Name of Business and Telephone #: _____

University Affiliate Name and Department: _____

Department Chair or Director print name: _____

Department Chair or Director signature approval: _____

Name of Driver(s) & Driver's License #/Cell # or Business #/Vehicle make, model, color/License Plate No.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

For Office Use ONLY	
Permit No.	Issue Date
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Duration Requested for Permit Access: _____

Parking Location (Please be specific): _____

Job Description at Parking Location: _____

I, _____, understand the conditions and requirements for the usage of the sidewalks and grounds permits authorized by Operations and Maintenance, Facilities Management.

I understand that I, as the requester and/or user for this permit, is solely responsible for the proper handling, distribution, and return of all permits assigned to me or appropriate designees. I will return all permits for any vehicle that has been taken out of service or use.

As a permit requester, I understand any overdue permits will be subject to receiving tickets and/or fines. Also, I understand that I am responsible for any damage to campus property and/or campus grounds while using issued permit(s).

Signature & Date: _____

All requests must be completed, submitted and approved before permits are issued. Please send your completed form (by email or in person) to: Laura Wood, Operations Assistant, Operations & Maintenance Division, Facilities Management, Email: Lam012@uark.edu , Office: 479-575-2795, FAMA D105

For Office Use ONLY Permit Approved: _____
