



# UNIVERSITY OF ARKANSAS

Facilities Management

## University Owned Vehicle Sidewalks and Grounds Permit Request

Requester Information			
Name:			Date:
Email:		Phone:	
Department/College:			
Department Chair or Director Signature:			
Vehicle Information			
Name of Driver:	Phone:	Vehicle Make, Model, Color:	License Plate #:
Additional Information			
Dates requests 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 email your completed form to [outdoors@uark.edu](mailto:outdoors@uark.edu). For more information, call 479-575-2795.

**For Office Use Only**

Permit Approval Signature: