# FACULTY / STAFF

THOMAS NELSON™

The Peninsula's Community College

**Department of Police & Security Services**
**Parking Permit Application / Update Form**

**PLEASE SELECT ONE OF THE FOLLOWING:**

____ Initial Permit for Academic School Year ($30 fee)  ____ Replace Lost or Stolen Permit ($15 fee)

____ Additional Permit /Summer 2015 (PF) ($15 fee for each)  ____Update Vehicle Information only (no fee)

**TOTAL # OF PERMITS BEING REQUESTED:** _____

**Employee Information**

EMPL ID Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ M.I.: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Primary Campus: _____

**Vehicle Information**

License Plate* (Vehicle #1) _____ (required) State _____

License Plate (Vehicle #2) _____ State _____

License Plate (Vehicle #3) _____ State _____

License Plate (Vehicle #4) _____ State _____

(1) I understand that I am liable for any parking violations issued to me by the TNCC Department of Police and Security Services. (2) I agree to either pay all assessed fines and/or applicable late fees or submit an "Appeal Application" within 10 business days after the alleged violation. (3) I further agree to pay any citations which the Appeals Committee denies within 10 business days of the committee's decision. (4) I understand that I will be held responsible for all fees incurred in the efforts to collect any unpaid parking violations. (5) I acknowledge that I am aware the TNCC Parking Policy Rules and Regulations are available online at http://www.tncc.edu/documents/parking_br.pdf. (6) I understand that it is my obligation to become familiar with this Policy and that TNCC has the right to enforce such Rules and Regulations. (7) Furthermore, I am aware that if my fines and/or late fees remain unpaid upon my departure from TNCC, a service indicator will be applied to my student account which may prevent me from registering for classes at Thomas Nelson Community College.

I agree to hang the permit from the rearview mirror with permit number facing the front windshield of any vehicle I park at TNCC in accordance to TNCC Parking Policy.

Signature:_____ Date: ____/_____/_____ Issued By _____

**Cashier Use Only – (Please circle the appropriate type)** Entered By _____
Decal Type: F1 F2 Decal Payment: Check/Money Order Payroll Deduction