

Vehicle Parking Permit Application Form

Staff
 College Vehicle
 Disabled
 Contractor
 Motorbike

First Name: Surname:

Department:

Email Address:

Work Telephone: Mobile Telephone:

Vehicle Make: Vehicle Model:

Vehicle Colour: Vehicle Registration:

Signed: _____ Date: _____

By signing this form I agree to abide by the Terms and Conditions outlined in the QM Parking Policy.

N.B. This form must be brought in person and a current staff ID shown for a permit to be issued.
Permits are issued 9:00 – 16:00 Monday to Friday from the Queens' Reception
Queens' Building, Tel: 020 7882 4354 / 4349

For office use only: Permit Number: Expiry Date:

Replacement Permit: Yes: No: Reason For Replacement: