

College of Medicine Peoria Parking Information

Please **Print** Name: _____ Date: _____

Department: _____ UIN: _____ Netid: _____

Please **Check** One:

<input type="checkbox"/> Faculty & Professional Staff \$240 Yearly	<input type="checkbox"/> M1 Student \$100 Yearly
<input type="checkbox"/> Staff \$100 Yearly	<input type="checkbox"/> M2 Student \$100 Yearly
<input type="checkbox"/> Volunteer (No Charge)	<input type="checkbox"/> M3 Student \$40 Yearly
<input type="checkbox"/> Extra Help/900 Hours \$50 Yearly	<input type="checkbox"/> M4 Student \$40 Yearly
<input type="checkbox"/> Other	<input type="checkbox"/> Nursing Student \$20 Yearly

Please **Check** form of payment: **(Checks made payable to University of Illinois)**

<input type="checkbox"/> Cash	<input type="checkbox"/> Check
<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> Internal Transfer
<input type="checkbox"/> No Charge	

Vehicle Registration Information:

Year _____	Make/Model _____	License Plate Number _____	Color _____
Year _____	Make/Model _____	License Plate Number _____	Color _____
Year _____	Make/Model _____	License Plate Number _____	Color _____

***** OVERNIGHT PARKING ALLOWED IN THE VISITOR PARKING LOT ONLY*****