College of Medicine Peoria Parking Information

Please Print Name: _________________________________ Date: ________________

Department: ___________________________ UIN: ___________________________ Netid: ___________________________

Please Check One:  
  ____ Faculty & Professional Staff  
  $240 Yearly  

  ____ Staff  
  $100 Yearly  

  ____ Volunteer  
  (No Charge)  

  ____ Extra Help/900 Hours  
  $50 Yearly  

  ____ Other  

  ____ M1 Student  
  $100 Yearly  

  ____ M2 Student  
  $100 Yearly  

  ____ M3 Student  
  $40 Yearly  

  ____ M4 Student  
  $40 Yearly  

  ____ Nursing Student  
  $20 Yearly

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

  ____ Cash  

  ____ Check  

  ____ Payroll Deduction  

  ____ Internal Transfer  

  ____ 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***