Parking Permit Application

Completed applications should be forwarded to -
Facilities Services at facilities.services@federation.edu.au or PO Box 663 Ballarat Vic 3353 / PO Box 859, Berwick Vic 3806

Applicant Details:

FULL NAME:_____ **School/Section:** _____

Student ☐ **Staff** ☐ **Staff/Student ID Number:** _____

Permit Type (Tick One)	**Home Campus** (Tick One)	**Vehicle(s) Registration**	**Address:** _____
☐ Zone 7 (allocated space & Zone 4 Access)	☐ Berwick	No. _____	_____
☐ Zone 4 (Permit parking areas only)	☐ Gippsland	Make: _____	**Phone** (h or m) _____
	☐ Mt Helen	No. _____	(w) _____
	☐ SMB (Lydiard Street)	Make: _____	**Email:** _____
	☐ SMB (Grant St/Training Ln)		

Students who nominate one other student will be given preference over other applicants for the allocation of a permit

Name: _____ **Student ID Number:** _____

Declaration: I understand that permits remain the property of the University and may be suspended or revoked for non-compliance with the parking permit conditions. I hereby undertake to display the issued permit on the dashboard of my vehicle as directed and to comply with the University Parking Rules. I further understand that any breach of these rules will result in a parking infringement plus enforcement costs, being issued in accordance with the Infringements Act 2006 under the authority of the Road Safety Act, 1986.

Signature of Applicant: _____-- **Date:** _____/_____/_____

Office Use Only

Permit No Allocated: _____ **Allocation Date:** _____/_____/_____ **Annual cost of Permit: $** _____

Approved By: _____ **Signed:** _____ **Receipt Number:** _____

Payroll Use only

Deductions Approved By: _____ **Signed:** _____ **Date:** _____/_____/_____

Fortnightly Deduction $_____

Payment Details *This document authorises Federation University to process this CREDITCARD transaction via manual entry into the University's EFTPOS merchant facility*

☐ **Credit Card**

Staff Only Payroll Deduction Options **
Refer to the following instructions

☐ **Salary Sacrifice (Pre-Tax) Deduction**

☐ **Fortnightly Payroll (After Tax) Deduction**

Complete the following declaration)
Authority for Fortnightly Payroll (After Tax) ***** Permanent staff only***

Deduction: I hereby authorise my parking fee to be deducted from my salary fortnightly at the amount being the annual fee, divided by twenty six fortnightly payments of $_____.

I acknowledge that these deductions will roll over each calendar year and be adjusted to the current year rates until I cancel my permit and officially withdraw my payroll deduction authority.

Signed: _____

Date: _____/_____/_____

All details must be completed in full to process this transaction. The following cards are acceptable for payment, please tick appropriate box

☐ **MasterCard** ☐ **Visa card** ☐ **American Express**

Credit Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date: _____/_____ **Amount: $** _____

As payment for: _____

Card Holder's Name: _____

Card Holder's Signature _____ **Date:** _____/_____/_____

(*Speed Type: PARKINGGST*)

Details & charges are available on the Parking webpage http://policy.federation.edu.au/university/parking/