

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: _____

Staff Student Staff/Student ID Number: _____

Current Permit Number: _____

Address: _____

Berwick: Zone 4 or Zone 7

Camp St: Zone 4 or Zone 7

Mt Helen: Zone 4 or Zone 7

SMB: Zone 4 or Zone 7

Phone (h or m) _____

(w) _____

Email: _____

Vehicle Registration: _____ Make: _____ Vehicle Registration: _____ Make: _____

Cancellation

Permit Cancellation

Cancelled permits must be enclosed with this form
 Refunds will be issued on a pro rata basis based on full months and one twelfth of the annual fee

Please cancel my existing permit that I have returned with this form

Signed: _____ Date: ____/____/____

To cancel payroll deductions, present an authorised copy of this form to Payroll

Replacement

Replacement Permit (Cost \$20)

Lost Stolen *Damaged

• (If permit is damaged, return with this form)

I understand that all lost and stolen permits are recorded on a database. Traffic officers do regular car park checks for these permits and, if found, further action may be taken.

Signature of Applicant: _____ Date: ____/____/____

Office Use Only

Cancelled Permit Returned Damaged Permit Returned Replacement Permit Number: _____

Refund Amount: \$ _____ Receipt Number: _____

Authorised By: _____ Signed: _____ Date: ____/____/____

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

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: ____/____/____

(Speedtype: PARKING ST)