

APPLICATION FOR CARPOOL PARKING PERMIT

Carpool Permit # _____
Carpool Area _____

Carpool Locations

Garage 6 (1329)	13th Street East	Cypress Hall	East Hall
Frazier Rogers	Garage 3	McCarty Drive	Vet Med

FIRST APPLICANT

Shands ID _____

Name _____ UFID _____

Home Address _____

City, State, Zip _____

Work Telephone _____ Work Hours _____

Work Location _____

Vehicle Year, Make, and Tag # _____

SECOND APPLICANT

Shands ID _____

Name _____ UFID _____

Home Address _____

City, State, Zip _____

Work Telephone _____ Work Hours _____

Work Location _____

Vehicle Year, Make, and Tag # _____

WARNING: If a member of the carpool should leave or become ineligible to participate, you must notify the TAPS Office immediately. Failure to do so shall be considered False Registration and result in revocation of carpool privileges for the remainder of the permit year, the following permit year, and issuance of \$150.00 citation to the remaining member of the carpool.

AGREEMENT SIGNATURES: I have read the rules and regulations governing the Carpool Parking Program on TAPS website, <https://taps.ufl.edu/alternative-transportation/carpool/>, and agree to comply to them.

First Applicant Date

Second Applicant Date