

Vendor Parking Permit Application



Date of Application: _____

Customer Information

Name: _____
(Last, First, MI)

Company Name: _____

Company Address: _____
(Street, City, State, Zip)

Company Phone: _____ Cell Phone: _____

UK Campus Buildings Visited: _____

Primary Vehicle Information

_____	_____	_____	_____	_____
License Plate Number	State	Make	Model	Color

Additional Vehicle Information:

_____	_____	_____	_____	_____
License Plate Number	State	Make	Model	Color

_____	_____	_____	_____	_____
License Plate Number	State	Make	Model	Color

Permit Distribution

Pick up at UK Transportation Services' Office (721 Press Avenue)

Deliver to my office address (listed above)

Deliver to my home address (complete below)

Home Address: _____
Street, City, State, Zip

Please email this completed form to:
delbert.ault@uky.edu
or deliver to:
UK Transportation Services
Press Avenue Garage (PS #6)
721 Press Avenue
Lexington, KY 40506-0571