

Vendor Parking Permit Application



Date of Application: _____

Customer Information

Name: _____ Email: _____
(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