

# 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