



Departmental Gate Permit Application

JAMES MADISON UNIVERSITY

MSC 1301
Harrisonburg, VA 22807
Phone: 540.568.3300
Fax: 540.568.7301
www.jmu.edu/parking

Department Name: _____ Contact: _____ Title: _____
(Please Print)

Building: _____ Room: _____ MSC: _____

Office Phone: _____ Office Fax: _____ Cell Phone: _____ E-Mail: _____

Justification for permit request: _____

Contact Signature: _____ EMPLID: _____ Date: _____

Signature Authority: Dean, Vice President or Associate /Assistant Vice President

Signature: _____ Date: _____

Name: _____ EMPLID: _____
Print (Last, First, Middle Initial)

Division: _____ Office Phone: _____ MSC: _____

- A maximum of three gate permits are issued at no charge to authorized university departments
- Additional gate permits will cost \$10 each

Indicate the quantity of gate permits requested at no fee:

_____ Gate Permit (1-3)

Indicate the quantity of gate permits requested at \$10 each (ATV payment is required at the time of application)

_____ Contact Parking Services to discuss details associated with ATV payments.

This form should be completed by the employee and forwarded to the appropriate signature authority for approval prior to being submitted to Parking Services for processing.

Parking Services Office Use

<i>Date Issued:</i>	<i>Expiration:</i>	<i>Amount Pd:</i>	
G _____	G _____	G _____	G _____
G _____	G _____	G _____	G _____