

EASTERN MICHIGAN UNIVERSITY
FACULTY/STAFF
HANG TAG REQUEST FORM

Please print and fill out completely

I Date: _____

EMU ID # _____ Paying Classifications: AP ___ CP ___ FM ___ PS ___ PT ___ (complete section I&III)

Classification: AC ___ CC ___ CS ___ EC ___ ES ___ FA ___ FS ___

LE ___ LL ___ LS ___ TM ___ Other ___ (complete section I&II)

Name: _____
Last First M.

Campus Address: _____ Campus Phone _____

License Plate #: _____ State: _____ 2nd License Plate #: _____ State: _____

Department Billing Information (Hang tags paid by Department Only)

II (Department Secretary: Please complete all information)

Department Name: _____ Dept. Approval Signature: _____

Banner Fund: _____ Banner Orgn: _____ Banner Prog: _____

Department Address: _____ Phone: 487-_____
Room Building

III Payment Method (If not paid for by Department)

_____ Check/Money Order: # _____ Amount Paid \$ _____

_____ Cash: Amount Paid \$ _____

_____ Credit Card: Amount Paid \$ _____

Credit Card Payments (Discover, Visa, or MasterCard) must be made at the Parking Department

_____ *PAYROLL DEDUCTION: I authorize the parking fee charges to be deducted in 24 installments unless otherwise stated in my collective bargaining agreement (To be determined by Parking.) It is also understood this payroll deduction will renew each year and a valid hang tag will be sent to me each August unless I notify Parking Services of a change in status.

Employee's Signature Date Parking Department Signature

Fax or return completed form to the Parking Department

For Internal Use Only:

Tag: _____ Rep _____ Date: _____

Picked up by:

EMU PARKING DEPARTMENT
1200 OAKWOOD
YPSILANTI, MICHIGAN 48197

Phone: 734-487-3450
Fax : 734-485-4649

REVISED 03-25-10

NO OTHER APPLICATION WILL BE ACCEPTED