

APPLICATION FORM - MF PARKING PERMIT

NAME: _____

ADDRESS: _____

TEL./MOBILE: _____

E-MAIL: _____

YOUR CAR'S REGISTRATION NUMBER: _____

SHORT REASON FOR APPLYING: _____

- A copy of my municipal parking permit is appended (mandatory!).
- A copy of my permit will be forwarded as soon as possible, within

_____ *time and date*

- This is my first time applying.
- I want to renew my parking permit from last semester.
- I am always at MF on the following days/times:
 - Monday Tuesday Wednesday Thursday Friday Saturday

Time: _____

- I commit to notifying the reception **weekly** about when I will be needing the parking space.
- I commit to let the reception know when I arrive at and leave MF.

Date: _____ Signature: _____

The form must be submitted to higher executive officer Torunn Johansen (room 363, phone number 22 59 06 37)

within Sept 1st/Feb 1st.

To be filled out by MF:

Resolution:

- A parking permit is granted for parking space number ____
- A parking permit is not granted.

Date and signature: _____