Contractors Maintenance/Service Provider Permit Request

Permits will only be issued to applicants with a valid State CSUF Contract Purchase Order. Valid in Student lots only for up to 6 months.

Please Print Clearly:

Company Name: ___________________________ Individual Name: ___________________________
Phone #: ___________________________ Contract End Date: ___________________________
CSUF Contact Name: ___________________________ Phone #: ___________________________
Building(s) Serviced: ________________________________________________________________

Justification for close parking other than student lots.

Carrying heavy equipment ☐ Servicing multiple buildings or areas on campus in one visit ☐
Other ☐ ___________________________
Number of permits requested: ________ How often on campus: ________ Average time spent on campus: ________
Describe type of service provided to campus. ____________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

CSUF Contact Signature: ___________________________ Extension: ___________________________

For Office Use Only

Qty: ________ Location: ________________ Permit Numbers: ___________ Dates Valid: ___________

Qty: ________ Location: ________________ Permit Numbers: ___________ Dates Valid: ___________

Parking & Transportation Staff Signature: ___________________________ Date: ___________

Revised November 2018