



# 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 and Transit Services to discuss details

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

*Parking and Transit Services Office Use*

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