

For Parking Services Use Only

Bicycle Permit Number _____ Date Issued: _____ Issued By: _____

Number Sequence of Daily Permits _____ thru _____

DUKE UNIVERSITY

PARKING AND TRANSPORTATION SERVICES

0100 Facilities Center
Durham NC, 27708-0644

(919) 684-7275
www.parking.duke.edu

COMMUTER BICYCLE PERMIT APPLICATION

Thank you for choosing to commute by bike to Duke! Commuting students and employees may receive up to 24 daily permits (prorated monthly between August and July) when they use a bike as their primary commuting mode instead of driving a vehicle.

Please complete and submit this form to receive your free daily parking permit(s). When you do drive to campus, you must use and display one of the daily parking permits issued to you as a registered Duke cyclist. Please make sure you scratch off the appropriate date and park only in the areas listed on the back of the daily permit. These permits are not transferable and may not be traded or sold.

We appreciate your commitment to a healthy lifestyle, and hope you enjoy the many benefits of bicycling, including lower gas costs and a cleaner environment. Remember, for your safety and others, please wear a helmet when bicycling, and obey all traffic laws.

Cyclist's Information	
Legal Name:	Duke Unique ID#:
Campus/Local Address:	
Campus/Local Telephone:	
Department/School:	Campus Box:

Description of Bicycle	
Brand:	Type:
Color(s):	Serial #:
Accessories/Unique Features:	
Preferred parking location on campus:	

Vehicle Registration(s)		
Make/Model/Color	License: State/Number	Owner's Full Name:
Make/Model/Color	License: State/Number	Owner's Full Name:

I hereby confirm that the information provided above is true and accurate, and that by receiving these free parking permits I am agreeing to not purchase an annual Duke parking permit. Furthermore, I will not transfer, trade or sell these permits. I agree to abide by Duke's parking and transportation policies, and agree that any unpaid parking fees or fines may be billed to my bursar account (student) or withheld from my paycheck (employee).

Signature of Applicant:	Date:
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