



Parking Application

OUHSC Parking Services
 Monday - Friday 7:30 a.m. - 5:00 p.m.
 840 Research Parkway, Suite 150
 (P) 405.271.2020 (F) 405.271.8182

Office Use:
Parking Location

PARKING APPLICATION

OU HEALTH Campus Affiliation (Check One - If Vendor or Other provide company name)

<input type="checkbox"/> OU HEALTH	<input type="checkbox"/> OUHSC	<input type="checkbox"/> Vendor _____
<input type="checkbox"/> Physician	<input type="checkbox"/> Resident/Resident Council	<input type="checkbox"/> Update
		<input type="checkbox"/> Other _____

APPLICANT INFORMATION

Last Name	First Name	Middle Name

ADDRESS

Street	City	State	Zip Code

APPLICANT CONTACT INFORMATION

Work Phone #	Home/Cell #	Email Address

VEHICLE INFORMATION (List 2nd vehicle if applicable)

Year	Make	Model	Color	License Plate #	State
Year	Make	Model	Color	License Plate #	State

WORK INFORMATION

Primary Work Location/Building Name (Circle One)			Shift/Hours Worked	Cost Center #
<input type="checkbox"/> OUMC	<input type="checkbox"/> Children's	<input type="checkbox"/> Other: _____		

PIKEPASS INFO (KS, OK, TX)

OFFICE USE ONLY

Pikepass #	Keycard/Hangtag #	Window Decal #

I agree to abide by parking rules and regulations. I agree that my permit may not be transferred another user.

I agree that my parking rights may be revoked at any time

Attach copy of your employee ID

Email to parking@ouhsc.edu or fax to 271-8182

Applicant's Signature

Date