

SURNAME						
FIRST NAME						
TITLE						
VEHICLE REG:						
POSITION						
WORK ADDRESS						
WORK PHONE NO						
FOR PERMIT TO BE POSTED TO YOUR HOME ADDRESS, PLEASE ADD DETAILS BELOW, (otherwise permit posted to work address):						
F						
ARE YOU REGISTERED DISABLED WITH MOBILITY PROBLEMS: YES/NO						
PLEASE INDICATE THE MAIN CAR PARK(S) YOU WILL USE:						
Camden/Fraser St Rodney St	Fort Knox Orchard Site Tithebarn St Mt Pleasant (Multi-Storey)					
Rouney St						
SIGNED	DATE:					
LJMU STAFF PLEASE COMPLETE THE FOLLOWING SALARY DEDUCTION DETAILS:						
	Payroll/					
Name	Employee No:					
Department	Work Address					
I agree to the University recovering the amount of £44.00 per month from my net pay, for the issue of a car park permit.						
Signed	Date					
For Office Use:						
New Renew	al Salary Deductions					

	INCW	Renewal	Salary Deductions	
			to Commence	
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Please return this form to: Security Services, 2nd Floor, Exchange Station, Tithebarn Street, Liverpool L2 2QP