

Premier Parking

Physician Parking Application



OUHSC Parking Office

Service Center Bldg - 1100 N Lindsay, Suite 100
Monday - Friday / 7:30 a.m. - 5:00 p.m.
(Ph) 405-271-2020 (Fax) 405-271-8182

Office Use:
Parking Location

PHYSICIAN PARKING APPLICATION

OUMC Campus Affiliation	
<input type="checkbox"/> OUMC (HCA) Physician	<input type="checkbox"/> OUHSC Physician

CREDENTIALLED PHYSICIAN - APPLICANT INFORMATION		
Last Name	First Name	Middle Name

PHYSICIAN ADDRESS			
Street	City	State	Zip Code

PHYSICIAN 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 #
OUMC	The Children's Hospital	Other: _____		

OFFICE USE ONLY			
Keycard/Hangtag #	Window Decal #	Reserved	
		Location/Space #	Rate
Notes:			
		Invoice To:	

_____ Date

Applicant's Signature