

Premier Parking

Parking Application



OUHSC Parking Services
825 Research Parkway, Suite 115
Monday - Friday / 7:30 a.m. - 5:00 p.m.
(Ph) 405-271-2020

Office Use:
Parking Location

PARKING APPLICATION

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

<input type="checkbox"/> OUMC (HCA)	<input type="checkbox"/> OUHSC	<input type="checkbox"/> Sodexo	<input type="checkbox"/> Vendor _____
<input type="checkbox"/> Physician	<input type="checkbox"/> Resident	<input type="checkbox"/> Resident Council	<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="radio"/> OUMC	<input type="radio"/> The Children's Hospital		
Other: _____			

OFFICE USE ONLY

Keycard/Hangtag #	Window Decal #		
Notes:			

Please attach a copy of your Employee ID

_____ Date