



**Application for a Parking Permit, Irchel Garage**

**Personal details**

Company	
Last name, first name	
Street, city, postal code	
Cell no., phone no. (W)	
Personal e-mail, work e-mail	
UZH card no., place of work	
License plate(s)	
Make and model of vehicle	
Parking space rental from (date)	

**Employment relationship**

<input type="checkbox"/>	UZH staff
<input type="checkbox"/>	Veterinary Teaching Hospital Emergency Dept.
<input type="checkbox"/>	External Renter

**Desired parking space category**

<input type="checkbox"/>	Non-fixed parking space
<input type="checkbox"/>	Fixed parking space
<input type="checkbox"/>	Loading amount, Prepaidcard *)

**Rental period**

<input type="checkbox"/>	Day (s)
<input type="checkbox"/>	Week (s)
<input type="checkbox"/>	Month (s)

\*) prepaid Card is sold for CHF 20.00

[For details of fees, see parking charges for Irchel garage.](#)

**Application for driving permit, Irchel Campus**

Reason for driving	
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**Method of payment**

<input type="checkbox"/>	Cash payment at Parking Management desk	Payable in advance; Can be issued on any day	limited	
<input type="checkbox"/>	Deducted from salary	Invoice issued	Issued at the start of the month	unlimited

**Legal information**

[The University of Zurich's general parking regulations apply.](#)

**Date/Signature  
Applicant**

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<b>Internal administration for long-term agreement (for office use only)</b>	
Renter number	
Agreement number	
Parking space number	

**Stamp/Signature**

**Competent authority**

(USZ staff USZ customer services)  
 (Veterinary Teaching Hospital Emergency Dept)

**Name / First Name in Block Letters**

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