# C:\Users\phelpsa\Downloads\Images\Hope_Crest_CMYK_081116.jpg

# Staff Parking Permit Cancellation Notice

**(PLEASE COMPLETE IN FULL)**

Employee Payroll No: ..................................................................

Name: ………………………………………………………………………………………

Faculty/Department: ...................................................................

Contact Telephone No: …………………………....................................

Vehicle Reg No: ………………………………………………………

 Make: ………………………………………………….

Colour: …………………………………………………………………… Model: …………………………………………………

Car Park Permit Number: ……………………………………………………………………

Reason for cancellation: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**I hereby authorise the cancellation of car parking fees deducted from my salary.**

*The final salary deduction will take place the following month of the cancellation date. Part-month deductions are not possible.*

I wish to cancel my parking permit from the following date: ……………………......................................................

**I understand that from the above date, if I park a vehicle on University property without a permit, my vehicle may receive a Parking Charge Notice (PCN).**

Signature: ................................................................................................. Date: ...............................................

**Completed forms should be forwarded to the Payroll Department together with PARKING PERMIT.**

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**Office Use Only**

Online Store Administrator informed ……………. Date

Actioned by Payroll ..………… Date