



Property Services
Parking Waiting List Application Form

First name: _____ Surname: _____

Residential Mailing Address: _____

Type of Client Staff Student Department External Client

Employee / Student ID Number (if applicable): _____

University username (if applicable): _____

Email Address: _____

Phone Work: _____ Home: _____ Cell: _____

Type of Application: Car Park Secure Bike Cage
 Staff Mobility New Parent Park

New Parent return to work date (if applicable): _____

Type of space: Uncovered Covered No Preference

Department you work in: _____

Building you work in: _____

Preferred park location: _____

Comments: _____

OFFICE USE ONLY	
Date received: _____	Received by: _____
Notes: _____	

Please return your completed form by email to the Parking Administrator.

University of Otago
Parking Administrator

Telephone: 64 3 479 8014
Email: parking@otago.ac.nz