



Trinity College Dublin

Coláiste na Tríonóide, Baile Átha Cliath

The University of Dublin

Weekend Parking Permit Application Form

PERSONAL DETAILS:

Staff Number:	_____
Name:	_____
Occupation:	_____
Department:	_____
College Address:	_____
Telephone number:	_____
Email:	_____
Date:	_____

CAR DETAILS:

	Car A	Car B
Registration:	_____	_____
Make:	_____	_____
Model:	_____	_____
Colour:	_____	_____

Please enclose a copy of your **Registration Certificate, Insurance Certificate and Driving License**. If the vehicle is not registered in the applicant's name, an additional form must be completed by the registered owner, certifying that the vehicle is a bona fide loan to the applicant for his/her exclusive use in College. For all queries please contact estatesandfacilities@tcd.ie or extension 4000.

Vehicles are admitted on condition that the Provost, Fellows and Scholars of Trinity College Dublin shall not be held liable for loss or damage to any vehicle, nor to anything in, or about the vehicle however such loss or damage may be caused.

FOR OFFICIAL USE ONLY

Approved by:	_____	Contract End Date:	_____
Issued by:	_____	Permanent:	_____
Permit No:	_____	Temporary:	_____
Date Issued:	_____	Full-time:	_____
Permit returned:	_____	Part-time:	_____