

DEPARTMENTAL GUEST PERMIT (DGP) REPLACEMENT REQUEST FORM

PERMIT NUMBERS RETURNED FOR CREDIT:			
TOTAL QUANTITY RETURNED:			
INTENDED USE OF REPLACEMENT PERMITS:			
I understand and agree that submission of this order constitutes agreement to the terms and policies regarding use of the permits requested.			
I am returning the permit numbers identified above for credit of the purchase price towards new permits at \$200/pad, and authorize the difference to be charged to the account provided:			
RECHARGE ACCOUNT NUMBER:			
AUTHORIZED BY (type or sign):			
NAME OF CONTACT FOR ORDER:			
PHONE:		EMAIL:	
REPLACEMENTS SHOULD BE (select one):			
<input type="checkbox"/> sent by intercampus mail, addressed exactly as follows*: _____			
(* Please note if selecting this option, that permits lost in the mail will not be replaced)			
<input type="checkbox"/> held at TAPS for pickup			
(FOR TAPS OFFICE USE ONLY)			
REPLACEMENT PERMIT NUMBERS ISSUED:			
# of Pads:			
(# of new pads x \$200 = cost - credit for returns = total recharge amount)			
x \$200 = \$ - \$ = \$			
Email to contact sent:			
Processed by:			