|  |  |
| --- | --- |
|  |  Campus Exclusion Zone Appeal Form |

This form is to be used by members of staff who wish to submit a campus exclusion appeal.

# Section 1. Applicant Details

|  |  |
| --- | --- |
| Title |       |
| Forename |       |
| Surname |       |
| Faculty / Directorate |       |
| Payroll number |       |
| Job title  |       |
| Contract type  | Permanent | **[ ]**  | Fixed date | **[ ]**  | If fixed, end date:       |
| Email address |       |
| Home address |       |
| Postcode |       |
| Work telephone number |       |
| Mobile number |       |

# Section 2. Vehicle Details

Please provide details of the vehicles you wish to register to display this permit. A maximum of four vehicles can be applied for.

|  |  |  |
| --- | --- | --- |
| **Vehicle 1** | Registration |       |
|  | Make & Model |       |
| **Vehicle 2** | Registration |       |
|  | Make & Model |       |
| **Vehicle 3** | Registration |       |
|  | Make & Model |       |
| **Vehicle 4** | Registration |       |
|  | Make & Model |       |

# Section 3. Business Case

Please state the reasons why you need to bring a car onto campus and are unable to utilise other forms of transport such as: walking, cycling or public transport.

|  |
| --- |
|       |

# Section 4. Permit Details

**Successful Campus Exclusion Appeal applicants will be issued with a standard permit**. If you wish to be considered for an alternative permit, please complete the section below, including information as to why you believe that your circumstances are exceptional and thus warrant the consideration of an alternative permit type. Please note, the allocation of parking permits, relative to this appeal, is the final decision of the Estates & Facilities Directorate.

|  |  |
| --- | --- |
| **[ ]**  | I believe my circumstances are exceptional and I wish to be considered for another permit type |
|       |

# Section 5. Declaration

By applying for a car park permit you confirm acceptance to comply with the Vehicle Parking and Cycle Policy and declare that the information provided in this application is true and accurate.

|  |  |
| --- | --- |
| **[ ]**  | I understand that a parking space is not guaranteed.  |
| **[ ]**  | I agree to clearly display the car parking permit whilst on campus.  |
| **[ ]**  | I have read and agree to comply with the 'DMU Vehicle Parking and Cycle Policy'.  |
| **[ ]**  | I confirm that I will surrender my permit if I no longer require it.  |
| **[ ]**  | I understand that any decision made is **final and is not subject to appeal**. |
| **Date** |       | **Signed** |  |

# Section 6. Authorisation

## To be completed by your Dean / Deputy Dean / Director of Faculty Operations (for faculties) or Director / Deputy Director (for directorates), only.

|  |  |
| --- | --- |
| **[ ]**  | I give my support to this application for a DMU Car Parking Permit, despite the applicant living within the DMU Campus Exclusion Zone. |
| Name:  |       |
| Job title: |       |
| Signature: |  |

# Office Use Only

|  |  |
| --- | --- |
| **[ ]**  | Approved |
| **[ ]**  | Declined |

|  |  |
| --- | --- |
| Date: |       |
| Signature: |  |