University of Central Florida
Parking Service Office

SPACE ASSIGNMENT FORM FOR GOLF CARTS

East garage _____West garage _____North garage_____South garage_____

Other_____

Space #_____

Golf Cart # _____

Serial #_____

NAME:_____
Please Print Last First

I agree on behalf of _____
University Department
to ensure that the assigned space will be maintained and kept free from debris at all times. I understand that neither the University of Central Florida Police Department nor Parking Services will be responsible for opening the secured area for anyone who does not have a key.

_____ _____
Signature of Department Representative Date

_____ _____
Signature of parking Services Representative Date