

UNIVERSITY OF MARYLAND, BALTIMORE
PARKING & TRANSPORTATION SERVICES
Staff Daily Parking Application

APPLICANT – PLEASE PRINT

NAME: _____
(LAST, FIRST, MIDDLE)

LOCAL ADDRESS: _____
(STREET, CITY, STATE, ZIP)

EMPLOYEE ID# _____ DEPARTMENT: _____

EMAIL ADDRESS: _____

HOME PHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____

LICENSE TAG# STATE VEHICLE DESCRIPTION

#1 _____
(MAKE, MODEL, YEAR, COLOR)

#2 _____

A copy of the current University Parking Rules and Regulations can be found on our website <http://www.umaryland.edu/parking/about-us/rules--regulations/> and I agree to abide by the regulations and penalties set forth there-in, I understand that I park at my own risk and that the University is not responsible for loss or damage to my vehicle. I also understand that the parking issued to me is for my own use and not to be used by other persons or to park more than one vehicle at any given time. **I further understand that all parking is on a first-come first-serve bases and does not guarantee me a parking space.**

APPLICANT'S SIGNATURE

CREDIT CARD STORAGE ACKNOWLEDGEMENT

By initialing below I am authorizing Parking and Transportation Services to store my credit card information to be used by the parking system to pay for my parking fees. I understand that I am under no obligation to keep this information on file in the system and can have it removed from the system or changed by calling (410) 706-5518 during Parking and Transportation Service's normal business hours. **I further understand that I am responsible for paying all parking fees that result from use of this card including outstanding parking fees that may result should my credit card be denied.**

APPLICANT'S INITIALS

FOR OFFICE USE ONLY

GARAGE: SARATOGA PERMIT NUMBER: _____ DATE: _____

AREA GROUP: 6 TIME ZONE: 1 CARD FEATURE: 40 HOUSE ACCOUNT: 26

SUITE: 6 USE CARD FOR AUTOMATIC CHARGES: (Check if customer initials to store credit card)

T2: _____ SECOM: _____ VERIFIED: _____