

UNIVERSITY OF MARYLAND
PARKING & TRANSPORTATION SERVICES
Motorcycle - Parking Application

APPLICANT – PLEASE PRINT

(LAST, FIRST, MIDDLE)
HOME ADDRESS: _____
(STREET, CITY, STATE, ZIP)
TITLE: _____ DEPT: _____ SCHOOL _____ WORK PHONE: _____

EMAIL ADDRESS _____

HOME PHONE: (____) _____ - _____

| <u>LICENSE TAG#</u> | <u>STATE</u> | <u>MOTORCYCLE/VEHICLE DESCRIPTION</u> | | | |
|---------------------|--------------|---------------------------------------|--------|-------|--------|
| #1 _____ | _____ | (MAKE, | MODEL, | YEAR, | COLOR) |
| #2 _____ | _____ | _____ | | | |
| #3 _____ | _____ | _____ | | | |

I acknowledge that I will receive a 50% discount from the current payroll deduction parking rate only because I agree to ride a motorcycle year round. I acknowledge that I have the option to purchase a pay daily staff hangtag to display in my vehicle (other than a motorcycle) and it is to be used only for parking occasionally at the Saratoga Garage. Use of the hang tag will require payment at the current non-discounted staff pay daily rate, **payroll deduction will continue if you use this option.**

I understand that I park at my own risk and that UM is not responsible for loss or damage to my motorcycle/vehicle or any contents. UM is not responsible for any loss or damage due to theft, vandalism, or similar acts.

I have received the current UM Parking Rules and Regulations and agree to abide by them. I also agree to abide by the special motorcycle procedures for entering/exiting the garages. I understand that if I do not abide by any of the above, my parking privileges may be revoked.

SIGNATURE

DO NOT WRITE BELOW THIS LINE

Department Approval: _____ Payment Source: _____
Garage Assignment _____

OFFICE USE ONLY

OneCard: _____ ProxCard: _____
Card #: _____ Permit #: _____ Garage: _____ Customer Account # _____
Area Group: _____ Time Zone: _____ Payroll Code: _____ Date Assigned _____
T2: _____ SECOM: _____ VERIFIED: _____ Date Resigned _____