

**UNIVERSITY OF MARYLAND, BALTIMORE
PARKING & TRANSPORTATION SERVICES
Parking Application**

APPLICANT – PLEASE PRINT

NAME: (LAST, FIRST, MIDDLE)

HOME ADDRESS:
(STREET, CITY, STATE, ZIP)

TITLE: **DEPT:** **SCHOOL:** **WORK PHONE:**

EMAIL ADDRESS:

HOME PHONE: **EMPLOYEE ID OR SOCIAL SECURITY:**

	<u>LICENSE TAG#</u>	<u>STATE</u>	<u>VEHICLE DESCRIPTION</u>
#1	<input type="text"/>	<input type="text"/>	<input type="text"/> <small>(MAKE, MODEL, YEAR, COLOR)</small>
#2	<input type="text"/>	<input type="text"/>	<input type="text"/>
#3	<input type="text"/>	<input type="text"/>	<input type="text"/>

I have received the current University Parking Rules and Regulations and 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 understand that the permit issued to me is for my own use and not to be used by other persons. I agree to surrender the permit/ access card to Parking & Transportation Services upon termination of my employment or school.

SIGNATURE

FOR LIAISON USE ONLY

Department Approval: **Date:**

Payment Source: **Garage Assignment:** **Replacement Name:**

FOR OFFICE USE ONLY

PLEASE CHECK STATUS

Staff Monthly: <input type="checkbox"/>	Handicap: <input type="checkbox"/>	Customer Account # <input type="text"/>
Contractor: <input type="checkbox"/>	Temp. Permit: <input type="checkbox"/>	Date Assigned <input type="text"/>
		Date Resigned <input type="text"/>

OneCard: **ProxCard:**

Permit #: **Card #:** **Garage:**

Area Group: **Time Zone:** **Payroll Code:** **House Account#:**

T2: **SECOM:** **VERIFIED:**