

UNIVERSITY OF MARYLAND, BALTIMORE  
PARKING & TRANSPORTATION SERVICES  
Resident Student Parking Application

APPLICANT – PLEASE PRINT

NAME: \_\_\_\_\_  
(LAST, FIRST, MIDDLE)

LOCAL ADDRESS: \_\_\_\_\_  
(STREET, CITY, STATE, ZIP)

STUDENT ID# \_\_\_\_\_ SCHOOL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

LICENSE TAG#    STATE    VEHICLE DESCRIPTION

#1 \_\_\_\_\_  
(MAKE, MODEL, YEAR, COLOR)

#2 \_\_\_\_\_

PLEASE CHECK APPROPRIATE BOXES:

- I wish to pay \$330.00 for a valid permit from beginning of August to end of December (per semester).
- I wish to pay \$330.00 for a valid permit from beginning of January to end of May (per semester).
- I wish to pay \$550 for a valid permit from beginning of August to end of May (per year in full).
- I have a handicap license tag and will need special parking.

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

\_\_\_\_\_  
HOUSING REPRESENTATIVE SIGNATURE

FOR OFFICE USE ONLY

GARAGE: LEXINGTON    PERMIT NUMBER: \_\_\_\_\_    DATE: \_\_\_\_\_

AREA GROUP: 8    TIME ZONE: 1    CARD FEATURE: 29    HOUSE ACCOUNT: 172

SUITE: 8    USE CARD FOR AUTOMATIC CHARGES:  (Check if customer initials to store credit card)

T2: \_\_\_\_\_    SECOM: \_\_\_\_\_    VERIFIED: \_\_\_\_\_