



MANAGEMENT

Campus Parking Application

Parking Term Desired: _____ to Dec 31 / May 31 / Aug 12 (circle one)
(date)

Parking Stall Location: Grand Central / X01 (circle one)

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ DL #: _____

Address During Parking Term: _____

Phone Number: _____ Email Address: _____

Permanent Address: _____

Please attach a scanned copy of valid Driver's License and valid Proof of Auto Insurance.

A deposit equal to one month's parking rent is due upon signing the contract. The deposit must be in the form of paper check.

Address where the parking deposit is to be mailed at the end of the term:

Approval of this application is pending review. Processing may take up to 3 business days.

For expedient and efficient monitoring of our parking lots, all permits must be uniformly placed. Please ensure your permit is placed in the lower left corner of the front windshield. We would hate to tow your vehicle due to improperly placed permit.

There are no assigned spots. You may park in any available stall if your permit is properly displayed.

Due to the volume of residents moving in, the parking lots will not be monitored from August 15th through August 31st.

Parking lots are monitored by our staff on a regular basis however, it is not possible for us to monitor parking lots every hour. We rely on parking contract holders to report any unauthorized vehicles in the lot. In the event the lot is full, and you must find alternative parking, the cost will be at your own expense.

I certify that the information provided is truthful. The driver's license and automobile insurance associated with my application is valid. I have read, understand, and signed this application.

Applicant

Date