



Visitor Parking Validation Request

Please complete the form and return it to Parking Services | 1945 Starvine Way, Clairmont campus via fax at 404.727.2673 or email to abrew2@emory.edu.

- Validation tickets may be picked up from the Parking Services Office at 1945 Starvine Way, Clairmont campus, Level 4 Suite 400B five (5) business days after submission. An email will be sent to the contact person below when validations are ready for pickup.
- Hospital and Clinic validations must be pre-approved to order validations.
- Unless indicated below, validations are for use at Fishburne, Michael Street, and Peavine decks.

I. APPLICANT INFORMATION

Date ____/____/____ Dept. Name: _____ [] Emory University [] Emory Healthcare

Authorized Dept. Contact: _____ Email: _____

PeopleSoft Smart Key _____ Phone: _____

Note: This SmartKey account number will be used to bill all visitor parking validations issued through this request form. Charges will be calculated based on parking usage and validation level. Charges will be billed the subsequent month on or around the 10th of each month. Pre-paid validations are charged the full amount based on validation level.

II. VALIDATION REQUEST

Departments can customize the level of validation they wish to offer their visitors. However, the number of accounts that a department may have is limited.

The charge for visitor parking is as noted in the rate schedules below:

Locations: Fishburne, Peavine, Michael Street, Oxford & Starvine/Clairmont

Locations: Lowergate and 1525 Clifton

PARKING RATES	
15 min to 1 hour	\$4.00
1 hour to 2 hours	\$5.00
2 hours to 3 hours	\$7.00
3 hours to 4 hours	\$9.00
4 hours to 24 hours	\$12.00
Lost ticket	\$25.00

PARKING RATES	
30 minutes to 1 hour	\$4.00
1 hour to 2 hours	\$5.00
2 hours to 3 hours	\$6.00
3 hours to 4 hours	\$7.00
4 hours to 7 hours*	\$8.00
7 hours to 24 hours	\$12.00
Lost ticket	\$25.00

**Lowergate patient/visitor rate capped at \$8 through Guest Services Concierge*

Please indicate the number of validation tickets you are requesting below:

_____ **Full** (department agrees to pay 100% of the visitor's parking charges).

_____ **Flat Payment** (department agrees to pay _____ dollars of the visitor's total parking charges, visitor will be responsible for the balance upon exit)

Please specify location:

- Fishburne, Peavine, or Michael St.
 Lowergate*
 1525 Clifton*
 Oxford Rd. deck
 Starvine deck at Clairmont campus

Expiration date: ____/____/____ (Unless otherwise indicated, tickets will be valid for one year)

Authorized Department Signature : _____

Office Use Only

Validation Number Range: _____ **to** _____ **Prepared By** _____

Department Notified: ____/____/____ _____ (Parking staff initials)

Tickets released to: _____ **Date:** ____/____/____ _____ (Parking staff initials)

Print Name here _____ Phone _____