



RESERVED Individual Parking Permit Registration

Space # _____

Permit # _____

Complete this form and return it to Emory's Parking Office in the Starvine Parking deck on the Clairmont campus. Email : parking@emory.edu or Fax : 404.727.2673

I. APPLICANT INFORMATION

Full Name: Last First Middle

Emory ID # Emory E-mail address :

Department Work location Phone

II. REQUEST INFORMATION

[] Individual Reserved Space for use by Applicant ONLY

[] \$134.67/month per automatic payroll deduction OR [] \$1,616 payment in full* (Annual fee, starts Sept. 1) *Parking Office accepts check / debit or credit card. Must pay IN PERSON at Parking Office

Reason for request?

By my signature I confirm that the above information is correct and the request is approved by me.

Print Name Signature Date

III. VEHICLE INFORMATION Provide complete information for each vehicle requested

Make (Manufacturer) Model License Plate # State of Registration Primary color

IV. AGREEMENT / SIGNATURE

I understand that I am responsible for obtaining and familiarizing myself with Emory's Parking Rules & Regulations, and by my signature below agree to abide by them. I agree that no unregistered vehicle(s) will be parked in this space, and that it is my responsibility to contact the Parking Office if any vehicle unaffiliated with this assigned space is parked there. I also understand that I am responsible for any fines/fees associated with this permit or the vehicle to which it is attached, and that non-payment of fines/fees could result in the immobilization or towing of my vehicle and/or deactivation of my permit.

Applicant Signature Name (print) Signature Date (mm/dd/yyyy)