



OFFICIAL BUSINESS Parking Permit Registration

PERMIT #
Classification:
Pkg. Code:
Initials: Date: / /

Complete this form and return it to Emory's Parking Office in the Starvine Parking deck on the Clairmont campus. Request must be verified by dean/dept.head/chairperson. Applicant must be Emory system employee with valid parking permit or have Vendor status verified by Emory Purchasing. Picture ID and vehicle information required. Complete form and email it to parking@emory.edu or Fax : 404.727.2673.

I. APPLICANT INFORMATION

Full Name: Last First Middle Initial

Emory ID # Emory E-mail address :

OR

Vendor ID Vendor/Company E-mail :

II. STATUS OF APPLICANT (Select one)

[] Emory System Employee (Check one) [] Emory University [] Emory Healthcare
Dept: Applicant Sprvsr. Signature

Do you personally have a current and valid Emory permit? [] Yes [] No Permit #:

[] Non - Emory Employer (Name of Company)
Emory Contact Name:
Dept. Dept. Sprvsr. Signature

III. REQUEST

Select one or more reasons for application request and explain fully:

- [] Job service(s) to the University. (Nature of services and parking needs must be described in full.)
Describe campus locations at which service/delivery is required:

IV. COMPLIANCE

I agree to abide by the following regulations regarding the use of this permit:

- Parking in a loading zone is for 30 minutes only.
Applicant is an Emory system employee or affiliated with Emory.
Permit is approved by special application and must be renewed annually.
Permit is valid only when used in addition to a valid Emory system permit, excluding Eagle permit.
Permit must be displayed on the rearview mirror behind the staff hangtag at any time when parked in a restricted area.

V. AGREEMENT / SIGNATURE

I confirm by my signature below that the above information is true and correct. I also understand that the same Rules & Regulations apply to me and to my vehicle regardless of the assigned parking location(s) on Emory University property. I agree to restrict parking in any Loading Zone area to 30 mins. I further acknowledge that this Official Business Permit may be revoked at the discretion of Parking Services if I am found in violation of any of Emory's parking rules & regulations.

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