



EMORY UNIVERSITY

TRANSPORTATION & PARKING SERVICES

RESERVED Departmental 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

Departmental Reserved Space for use by one or more people in a department/office

\$1,616 annual charge to SmartKey account #

Requesting Department

Reason for request?

Dept. Head/Chair Approval

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

Table with 3 columns for vehicle information: Make, 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)