**UNIVERSITY OF MARYLAND, BALTIMORE**

**PARKING & TRANSPORTATION SERVICES**

**SOD Dean Faculty Parking Application**

APPLICANT – PLEASE PRINT

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(LAST, FIRST, MIDDLE)**

**HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(STREET, CITY, STATE, ZIP)**

**WORK PHONE: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL:\_School of Dentistry\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LICENSE TAG# STATE VEHICLE DESCRIPTION**

**#1\_\_\_\_\_\_\_\_ \_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (MAKE, MODEL, YEAR, COLOR)

**#2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have received the current University Parking Rules and Regulations and agree to abide by the regulations and penalties set forth there-in, I understand that I park at my own risk and that the University is not responsible for loss or damage to my vehicle. I also understand that the parking issued to me is for my own use and not to be used by other persons or to park more than one vehicle at any given time. **I further understand that all parking is on a first-come first-serve bases and does not guarantee me a parking space.**

Once the SOD Deans Faculty appointment ends, your parking will be cancelled in this parking program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT’S SIGNATURE

**FOR OFFICE USE ONLY**

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **GARAGE:** | **PEARL STREET** | **PERMIT NUMBER:** |  | **DATE:** |  |
| **AREA GROUP: 5** | **TIME ZONE: 1** | **CARD FEATURE: 29** | **HOUSE ACCOUNT:**  | **190** |  |
| **SUITE: 5** | **USE CARD FOR AUTOMATIC CHARGES:**  | **(Check if customer initials to store credit card)** |
| **T2:** |  | **SECOM:** |  | **VERIFIED:** |  |

**FOR OFFICE USE ONLY**