UNIVERSITY OF MARYLAND COLLEGE PARK

FACUL	Y/STAFF PARKING REGIS	TRATION	
■ If information is incorrect, place correct info	mation in boxes, sign, date, a	nd select payment optic	on.
If information is correct, simply sign, date,	nd select payment option.		
			R - Non-Em A - Faculty E - Staff
EMPLOYEE NAME (LAST, FIR:	MI)	UID NUMBER	STATUS
M A D D D D D D D D D D D D D D D D D D			
I D L R	R	T., BOX NO., APART. NO., ECT.	DEPARTMENT CODE
I E N S G S	STATE	ZIP CODE	X CAMPUS PHONE
Please indicate if you will be using one of these types of vehic			OLDOL E ONE
Would you like disabled parking information?YES If you would like to be included in the "Smart Park" carpool pr	0.		Contingent I Contingent II Non-Exempt
	NT DOV		Exempt
PLEASE CHECK APPROPRIATE PAYM	N I BOX		
Payroll Deduction (Twenty Pay Perio	s Per Year). Please Select One	:	
☐ New enrollment - Form Attached ☐ Presently Enrolled			
Credit Card (VISA, MASTERCARD, A	ERICAN EXPRESS and DISCO	OVER credit card only)	
PLEASE COMPLETE	EMICAN EXTREGO, and DIOCK	Sven credit card only,	
Circle one: VISA MASTERCA	D AMERICAN EXPRESS DISCO	VER	
Amount of Charge:			
Card Number:	Exp. Date:	:	
Authorized Signature:			
Checks* *Please make checks payable	: UNIVERSITY OF MARYLAND		
PORTANT - PLEASE READ BEFORE SIGNING			
I information on this form is accurate, I understand that this	DOTS - 11/07 FOR OFFIC	CIAL USE ONLY	
formation may be verified and if found to be falsified, I will e subject to the payment of a penalty fee.	YEAR LOT	PERMIT #	GATE #
a condition of receiving a parking permit, I hereby agree to	EXP.	ISS'D	DATE
ide by DOTS Parking Regulations. All vehicles park at owner's k. The UNIVERSITY OF MARYLAND is in no way responsible damage to a vehicle or its contents. I acknowledge	AMOUNT CODE DATE	BY	DATE
sponsibility to pay for the requested parking permit and any ssed payments if I am enrolled in the payroll deduction plan.	STOL	ENLOST	
am currently paying by payroll deduction, I understand	\#.D		0.477
at a signed payroll deduction form canceling deduction must submitted to the Department of Transportation Services to p deductions from my paycheck. If you currently have payroll	YEAR LOT	PERMIT #	GATE #
duction and you choose to pay by another method, you must paying a Payroll Deduction Cancellation Request:	AMOUNT CODE EXP.	ISS'D BY ———	DATE
L PARKING FEES ARE NON-REFUNDABLE.	STOL	ENLOST	
nderstand and agree that by authorizing to have automatic			
rking deductions taken out of my paycheck that the deduction Il be on a pre-tax basis and will not be included in my	YEAR LOT	PERMIT #	GATE #
deral,State or FICA wage base.		EXP. ISS'D	
gnature	AMOUNT CODE	DATE BY _	DATE
,	CANCEL _	STOLEN	LOST

Date