



2014-15 PARKING PERMIT APPLICATION

WAIT! Before you buy a permit, consider joining the Commute Club:
 Save money • Reduce your carbon footprint • Receive up to \$300 a year
TO AVOID DELAYS IN PROCESSING YOUR PERMIT, PLEASE FILL OUT THIS APPLICATION COMPLETELY.

1 WHO ARE YOU? (Complete ALL fields)		CHECK ONE BOX BELOW
Name (Last name, First name)		<input type="checkbox"/> University employee
Daytime phone	Student or employee ID number	<input type="checkbox"/> Hospital, LPCH, or Clinics employee
Full email address		<input type="checkbox"/> Resident student
License plate number or VIN #		<input type="checkbox"/> Visiting scholar
License plate state		<input type="checkbox"/> Commuting student
		<input type="checkbox"/> Postdoc
		<input type="checkbox"/> Other (sponsorship form required)

ARE YOU RETURNING YOUR PERMIT? Check this box and proceed to "Authorization and Signature" below.

2 PARKING PERMITS (Carpools or vanpools, DO NOT complete this form!)

COMMUTER

A C Z
 MC (Motorcycle)
 Parking space: MC A C Z

Duration
 Annual (Expires 8/31/15)
 Academic (Expires 6/30/15)
 Not available for Z permit
 Monthly (one or more months;
 Not to exceed 8/31/15)
 Start date: _____
 How many months? (Expiration date must not exceed 8/31/15) _____

Type
 (MC and Monthly permits are Adhesive only)
 Static cling (removable)
 Adhesive (non-transferable)

RESIDENT STUDENT

RES (Residential)
 Residence name: _____

Varsity
 MC (Motorcycle)
 Parking space: MC RES

Duration
 Annual (Expires 8/31/15)
 Academic (Expires 6/30/15)
 Monthly (one or more months;
 Not to exceed 8/31/15)
 Start date: _____
 How many months? (Expiration date must not exceed 8/31/15) _____

OTHER Specify: _____

3 PAYMENT METHOD Permit prices on page 2 ▶

ONE-TIME

DEBIT/CREDIT CARD (Visa/MasterCard ONLY)
 Do NOT fax or mail card information. Submit the application, and P&TS will call you for the information.
 CASH (do not mail)
 CHECK (make payable to "Transportation")

ONE-TIME and MONTHLY INSTALLMENTS

PRE-TAX PAYROLL DEDUCTION
 (Please read the terms on page 2)
 • Benefits-eligible employees only (not available to postdocs)
 • Hospital or LPCH employees may use for annual or academic permits only

MONTHLY INSTALLMENTS

RECURRING DEBIT/CHARGE
 (Please read the terms on page 2)
 • Academic or annual permits only
 • Checking account or debit/credit card (Visa/MasterCard ONLY) required
 • Do NOT attach, fax, or mail any account information. Submit the application, and P&TS will contact you with instructions for entering your account information on a secure web page.

FAX/MAIL/EMAIL ORDERS ONLY

One-Day 'Scratcher'
 Limit 5 per month; Limit 8 per month for Commute Club members

How many of each? A ____ C ____ MC ____ RES ____

FAX/MAIL/EMAIL ORDERS ONLY

Delivery options

Mail permit to my home
 Please allow 7 days for delivery via U.S. Mail. (Allow 10 days during August and September.)
 mailing address _____

I will pick up my permit
 Photo ID required. We'll notify you when your permit is ready. (Allow 3 business days. Allow 5 to 7 days during August and September)
 Choose notification preference: email or phone

4 AUTHORIZATION AND SIGNATURE

READ THIS ENTIRE APPLICATION AND SIGN BELOW.

- I certify that all of the above information is true.
- I authorize payment through the method I have selected above.
- I agree to the terms stated on page 2 of this form.
- I understand that transfer, falsification, alteration, copying, forging, or misuse of the permit may result in permanent revocation of my parking and transportation privileges, administrative, disciplinary, and/or legal action.
- I understand that during any period of time, I may have a valid monthly or annual parking permit, or claim Clean Air Cash, but not both.

X _____
 SIGNATURE DATE

PARKING PERMIT Revised 8/14



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PERMIT PRICES

Purchase price during the month of:	A				C, RES (Residential), or Z				MC (Motorcycle)			
	Annual 12-MO. (thru 8/31/15)	Academic 10-MO. (thru 6/30/15)	Per MONTH	Per DAY	Annual 12-MO. (thru 8/31/15)	Academic 10-MO. (thru 6/30/15)	Per MONTH	Per DAY	Annual 12-MO. (thru 8/31/15)	Academic 10-MO. (thru 6/30/15)	Per MONTH	Per DAY
SEPT. 2014	\$900	\$750	\$75	\$11	\$348	\$290	\$29	\$4.50	\$117	\$97.50	\$9.75	\$1.50
OCTOBER	\$825	\$675			\$319	\$261			\$107.25	\$87.75		
NOVEMBER	\$750	\$600			\$290	\$232			\$97.50	\$78		
DECEMBER	\$675	\$525			\$261	\$203			\$87.75	\$68.25		
JAN. 2015	\$600	\$450			\$232	\$174			\$78	\$58.50		
FEBRUARY	\$525	\$375			\$203	\$145			\$68.25	\$48.75		
MARCH	\$450	\$300			\$174	\$116			\$58.50	\$39		
APRIL	\$375	\$225			\$145	\$87			\$48.75	\$29.25		
MAY	\$300	\$150			\$116	\$58			\$39	\$19.50		
JUNE	\$225	\$75			\$87	\$29			\$29.25	\$9.75		
JULY	\$150				\$58				\$19.50			
AUGUST	\$75				\$29				\$9.75			

NOTICE: THERE WILL BE NO GRACE PERIOD BEYOND THE EXPIRATION OF YOUR PERMIT

Prices are prorated monthly starting in October and apply to purchases and exchanges only.

PAYROLL DEDUCTION SERVICE

Please read the **Pre-Tax and Parking Program** descriptions on our website at transportation.stanford.edu. You can also arrange to have a copy faxed to you by calling our Customer Service desk at 650.723.9362.

AUTHORIZATION: I have read and understand the information regarding the **Parking Payroll Deduction Program**. I also understand that upon signing this application I am authorizing all deductions for the duration of this parking permit to take place through pre-tax deductions from my pay. I must re-submit a Parking Permit application and return my permit to cancel payroll deduction. I understand that any exchanges or returns must be made by the end of the month prior to when I wish the change/cancellation to take effect, or I will have to pay the regular monthly deduction.

HOSPITAL, LPCH, OR CLINIC EMPLOYEES: I authorize my employer to withhold from my paycheck any payments due for the period I own the permit. I understand that if I take an unpaid vacation or a leave of absence, I will be responsible for any charges accumulated during that period.

RESPONSIBILITY: If a scheduled payroll deduction is rejected for any reason, I must pay Parking & Transportation Services the full amount of the deduction immediately upon their request. I understand that there are no refunds for pre-tax payroll deduction purchases, and I am choosing this payment method over other payment options available to me.

I UNDERSTAND THAT VIOLATION OF ANY OF THE ABOVE CONSTITUTES CAUSE FOR REMOVAL FROM THE PROGRAM.

RECURRING DEBIT/CHARGE

This service deducts payments each month from your checking account or debit/credit card. It is not the same as the university payroll automatic paycheck deposit system or our payroll deduction service.

IF YOU CHANGE OR CLOSE YOUR ACCOUNT, you **must** contact Parking & Transportation Services at 650.723.9362. Deductions rejected for any reason will result in a \$25.00 service charge.

IF YOU LOSE OR NO LONGER NEED YOUR PERMIT

IF YOUR PERMIT IS LOST OR STOLEN, you will be charged a replacement fee, and you may be responsible for paying for the full value of the permit. (There is no charge for replacement of a stolen permit with a police report.)

IF YOU NO LONGER NEED YOUR PERMIT, return it to Parking & Transportation Services to stop installment payments for future months. If your permit is paid in full, you can return it for a prorated refund.

IF YOU LEAVE STANFORD, YOU MUST RETURN YOUR PARKING PERMIT.

A PERMIT IS NOT A LICENSE TO STORE YOUR VEHICLE

A VEHICLE MAY BE TOWED AT THE OWNER'S EXPENSE if it is parked in a visitor or commuter lot for over 72 hours, or if it is parked in a resident student lot while the registered owner is not in residence.

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