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# 2015-16 PARKING PERMIT APPLICATION

• **CARPOOLS AND VANPOOLS:** Do not use this form; Complete a Carpool or Vanpool Permit Application Form.

1 WHO ARE YOU? (ALL fields required)		CHECK ONE BOX BELOW
Name (Last name, First name)	Student or employee ID number	<input type="checkbox"/> University employee
Daytime phone	Worksite address (if employee)	<input type="checkbox"/> Hospital employee
Full email address		<input type="checkbox"/> Resident student
License plate number (if unavailable, provide 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)

**RETURNING or EXCHANGING your permit?** Check this box  and proceed to "Authorization and Signature" below.

2 PARKING PERMITS (NOT for carpools or vanpools!)	
<p><b>COMMUTER</b></p> <p><b>Parking space</b>  <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> Z  <input type="checkbox"/> MC (Motorcycle)</p> <p><b>Duration</b> (choose one)  <input type="checkbox"/> Annual (Expires 8/31/16)  <input type="checkbox"/> Academic (Expires 6/30/16)          • Not available for Z permit  <input type="checkbox"/> Monthly (one or more months;          Not to exceed 8/31/16)          Start date: .....          How many months? .....</p> <p><b>Sticker type</b> (choose one)  <input type="checkbox"/> Static cling (removable)  <input type="checkbox"/> Adhesive (non-removable)</p>	<p><b>RESIDENT STUDENT</b></p> <p><b>Parking space</b>  <input type="checkbox"/> RES (Residential)          Residence name: .....  <input type="checkbox"/> Varsity Lot (for eligible athletes;          Academic permit only)  <input type="checkbox"/> MC (Motorcycle)</p> <p><b>Duration</b> (choose one)  <input type="checkbox"/> Annual (Expires 8/31/16)  <input type="checkbox"/> Academic (Expires 6/30/16)  <input type="checkbox"/> Monthly (one or more months;          Not to exceed 8/31/16)          Start date: .....          How many months? .....</p> <p><input type="checkbox"/> <b>OTHER</b> Specify: _____</p>

3 PAYMENT METHOD <span style="float: right;">Permit prices on page 2 ▶</span>
<p><b>ONE-TIME</b></p> <p><input type="checkbox"/> <b>DEBIT/CREDIT CARD</b> (Visa/MasterCard ONLY)          Do NOT fax or mail card information. Submit the application, and P&amp;TS will call you for the information.</p> <p><input type="checkbox"/> <b>CHECK</b> (make payable to "Transportation")</p> <p><input type="checkbox"/> <b>CASH</b></p> <p><b>MONTHLY INSTALLMENTS</b></p> <p><input type="checkbox"/> <b>PRE-TAX PAYROLL DEDUCTION</b>          (Please read the terms on page 2)          • Benefits-eligible employees only (not available to postdocs)          • Hospital employees may use for annual or academic permits only</p> <p><input type="checkbox"/> <b>RECURRING DEBIT/CHARGE</b>          (Please read the terms on page 2)          • Academic or annual permits only          • Debit/credit card (Visa/MasterCard ONLY) required          • Do NOT attach, fax, or mail any account information. Submit the application, and P&amp;TS will contact you with instructions for entering your account information on a secure web page.</p>

FAX/MAIL/EMAIL ORDERS ONLY
<p><input type="checkbox"/> <b>One-Day 'Scratcher'</b>          Limit 5 per month; Limit 8 per month for Commute Club members</p> <p>How many of each? A ____ C ____ E (Z) ____ MC ____ RES ____</p>

FAX/MAIL/EMAIL ORDERS ONLY
<p><b>Delivery options</b></p> <p><input type="checkbox"/> <b>Mail permit to my home</b>          Please allow 7 days for delivery via U.S. Mail. (Allow 10 days during August and September.)          mailing address _____</p> <p><input type="checkbox"/> <b>I will pick up my permit</b>          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: <input type="checkbox"/> email or <input type="checkbox"/> phone</p>

4 AUTHORIZATION AND SIGNATURE
<p><b>READ THIS ENTIRE APPLICATION AND SIGN BELOW.</b></p> <ul style="list-style-type: none"> <li>• I certify that all of the above information is true.</li> <li>• I authorize payment through the method I have selected above.</li> <li>• I agree to the terms stated on page 2 of this form.</li> <li>• 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.</li> <li>• If I leave Stanford, I must return my parking permit.</li> </ul> <p><b>X</b> _____          SIGNATURE DATE</p>

PARKING PERMIT Revised 2/16



2015-16 PARKING PERMIT APPLICATION

PERMIT PRICES

Purchase price during the month of:	A				C, RES (Residential), or Z				MC (Motorcycle)			
	Annual 12-MO. (thru 8/31/16)	Academic 10-MO. (thru 6/30/16)	Per MONTH	Per DAY	Annual 12-MO. (thru 8/31/16)	Academic 10-MO. (thru 6/30/16)	Per MONTH	Per DAY	Annual 12-MO. (thru 8/31/16)	Academic 10-MO. (thru 6/30/16)	Per MONTH	Per DAY
SEPT. 2015	\$972	\$810	\$81	\$11	\$360	\$300	\$30	\$4.50	\$120	\$100	\$10	\$1.50
OCTOBER	\$891	\$729			\$330	\$270			\$110	\$90		
NOVEMBER	\$810	\$648			\$300	\$240			\$100	\$80		
DECEMBER	\$729	\$567			\$270	\$210			\$90	\$70		
JAN. 2016	\$648	\$486			\$240	\$180			\$80	\$60		
FEBRUARY	\$567	\$405			\$210	\$150			\$70	\$50		
MARCH	\$486	\$324			\$180	\$120			\$60	\$40		
APRIL	\$405	\$243			\$150	\$90			\$50	\$30		
MAY	\$324	\$162			\$120	\$60			\$40	\$20		
JUNE	\$243	\$81			\$90	\$30			\$30	\$10		
JULY	\$162				\$60				\$20			
AUGUST	\$81				\$30				\$10			

**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](http://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 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 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.

PARKING PERMIT Revised 2/16