Harvard Campus Service Center - Parking

Smith Campus Center 1350 Massachusetts Avenue 8th Floor



Parking Application 2017/2018 Academic Year

Please Fill Out Application Completely Please Print

Cambridge, MA 02138 Phone (617) 496-7827 Email: parking@harvard.edu

1. Check One: O Renewal O New Appl	icant 2. Check	One: alty/Staff OStud	lent OOther Affil	liation		
3.						
Last Name First Name			University ID#			
Home Address			City	State	Zip	
Campus Address			City	State	Zip	
Department or School Affiliation		Vendor	/Consultant/Contractor	Company	Name (if ap	plicable)
E-mail Address (Harvard preferred)		Home P	hone	Work Ph	one	
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The best way to reach me when I'm parked on campus is:	Cell Pho	ne	Beeper			
4. Vehicle Information (Please p	rovide all active regis	trations to maintain p	roper parking access)	Park	ing Services	Use Only
State Plate #	Make	Model	Color	Acc	ess Control	Active
State Plate #	Make	Model	Color	Acc	ess Control	Active
State Plate #	Make	Model	Color	Acc	ess Control	Active
while you wait for your preferred facility to become available. If you Name of Current Parking Facility/Type, if applicable (example: Broadway Garage/Morning) do not currently have parking, and would like to be considered for parking immediately, please check this box: Preferred Location/Type 1) while you wait for your preferred facility to become available. If you do not currently have parking, and would like to be considered for parking immediately, please check this box:						
(in order of priority) 1)		2)		3)		
6. Payment Method Check One:	O Harvard Payroll D (Active Faculty/Staff	Oeduction only; Must have valid ID)	Ostudent Term Bill (One-time charge; Must have valid ID)			
O Cash O Check	O Credit Card (Please do not record credit card information on application. Parking Services will request information once applications is processed.)					
O Departmental Invoice O Smithsonian/SAO Payroll Deductions						
(Department Permits Only)		_				
The University is not responsible for any damage or loss of any vehicle or its contents by reason of fire, theft, vandalism, or any other cause. I agree, to release and forever discharge President and Fellows of Harvard College and its officers, employees and governing boards from any legal liability in the event of injury, property damage, or loss, and I waive any claim I may have, now or later, in respect of injury, property damage, or loss arising out of or relating to parking at the University. I agree to observe all rules and regulations for University parking as from time to time are in force (including all rules regarding fines, fees, and appeal procedures) published at http://www.transportation.harvard.edu/parking. I understand when canceling parking, that IRS regulations on pretax payroll deductions prohibit a refund unless I am terminating employment. Please note: Employees whose parking fees are payroll deducted are subject to IRS pre-tax regulations that generally prohibit refunds. We strongly encourage employees to give at least two weeks notice before cancelling parking privileges. I understand that all amounts not paid when due may be charged to my student term bill (for students). I understand that this is only an application. No parking privileges are granted or implied unless and until this application is formally accepted by Harvard University Parking Services and a parking permit is issued to the applicant. I understand that the University reserves the right to relocate or cancel my parking privileges with or without cause at any time. Signature						
Permit #	Location/Type	ng Services Use Only Addtnl. Access ID	Sent Via	Coord.	Dept #	T2Acct #