

Harvard Campus Service Center - Parking

Smith Campus Center
 1350 Massachusetts Avenue 8th Floor
 Cambridge, MA 02138
 Phone (617) 496-7827
 Email: parking@harvard.edu



Parking Application
 2016/2017 Academic Year

Please Fill Out Application Completely
 Please Print

1. Check One:
 Renewal New Applicant

2. Check One:
 Faculty/Staff Student Other Affiliation_____

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 applicable) (_____) (_____) (_____)		
E-mail Address (Harvard preferred) _____			Home Phone _____		Work Phone _____
The best way to reach me when I'm parked on campus is: _____			Cell Phone _____		Beeper _____

4. Vehicle Information (Please provide all active registrations to maintain proper parking access)

State _____	Plate # _____	Make _____	Model _____	Color _____	<table border="1"> <thead> <tr> <th colspan="2">Parking Services Use Only</th> </tr> </thead> <tbody> <tr> <td>Access Control</td> <td>Active</td> </tr> <tr> <td>Access Control</td> <td>Active</td> </tr> <tr> <td>Access Control</td> <td>Active</td> </tr> </tbody> </table>	Parking Services Use Only		Access Control	Active	Access Control	Active	Access Control	Active
Parking Services Use Only													
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5. Parking Facility Location

Name of **Current** Parking Facility/Type, if applicable (example: Broadway Garage/Morning) _____

3-Day Permit Holders, Circle Your Valid Days: Mon Tue Wed Thu Fri

Preferred Location/Type (in order of priority) 1) _____ 2) _____ 3) _____

Parking Services may be able to place you in an area immediately, 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:

6. Payment Method Check One:

Cash Check Credit Card (Please do not record credit card information on application. Parking Services will request information once applications is processed.)

Departmental Invoice (Department Permits Only) Harvard Payroll Deduction (Active Faculty/Staff only; Must have valid ID) Student Term Bill (One-time charge; Must have valid ID)

Smithsonian/SAO Payroll Deductions

7. Please read carefully before signing parking application

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. 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 _____ Date _____

Parking Services Use Only						
Permit #	Location/Type	Addnl. Access ID	Sent Via	Coord.	Dept #	T2Acct #