



2007-08 PARKING PERMIT APPLICATION

WAIT! Before you buy a parking permit, consider joining the Commute Club! Save time, money, and help spare the air. Call the P&TS office at 650.723.9362 or visit the Commute Club page at transportation.stanford.edu
TO AVOID DELAYS IN PROCESSING YOUR PERMIT, PLEASE FILL OUT THIS APPLICATION COMPLETELY

WHO ARE YOU? (Proof of Stanford affiliation required)		CHECK ONE BOX BELOW
Name (Last name, First name)		<input type="checkbox"/> University employee <input type="checkbox"/> Hospital, LPCH, or Clinics employee <input type="checkbox"/> Resident student <input type="checkbox"/> Visiting scholar <input type="checkbox"/> Commuting student <input type="checkbox"/> Postdoc <input type="checkbox"/> Other (sponsorship form required)
Daytime phone (required - cannot process without)	Stanford ID number/Hospital file ID*	
Full email address		
License plate number & state/or VIN #	Hire/Enrollment date	

*not your badge number - your file ID number is on your timecard or paycheck stub.

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

PARKING PERMITS (for carpools or vanpools, DO NOT complete this form!)

DESIGNATION

A **C** **Z** (Porter Drive employees only) **OTHER** _____

RES (No 2yr.) Residence name: _____

TYPE

REPOSITIONABLE (2-year, 12-month and 10-month ONLY - no RES)

PERMANENT - non-transferable adhesive (2-year, 12-month and 10-month ONLY)

DURATION

2-Year: 9/1/07 (or month of purchase thereafter) to 8/31/09 (University employees ONLY.)
Payroll deduction only; subject to annual rate increases

12-Month: 9/1/07 (or month of purchase thereafter) to 8/31/08

10-Month: 9/1/07 (or month of purchase thereafter) to 6/30/08

Multi-Month (payroll deduction for University employees only)
start _____ how many months? _____

One-Month (payroll deduction for University employees only)
start: _____

One-Day 'Scratcher' how many? _____
Limit 5 per month; Limit 8 per month for Commute Club members (payroll deduction for University employees only)

Motorcycle Type: **MC** **RES** **A** **C**

Convertible or Motorcycle (Commuters ONLY)
You must attach proof of vehicle registration.

PERMIT PRICES ON BACK →

PAYMENT METHOD

PRE-TAX PAYROLL DEDUCTION
(please see back for more details)

- Commuter permits only
- Available only for permanent employees working 20+ hrs/wk on University or Hospital & Clinics payroll (does NOT apply to visiting scholars, postdocs, and students)

VISA/MASTERCARD ONLY
(Not available for mailed or faxed applications)

AUTOMATIC BANK DEDUCTION
(please see back for more details)

- Long-term permits only
- Please attach a voided check if you are new to this service or your account information has changed

CASH (do not mail)

CHECK (make payable to **TRANSPORTATION**)

RECEIVING OPTIONS

MAIL PERMIT TO MY HOME
Enclose a self-addressed envelope and we'll pay return postage! (Please allow two weeks for delivery via U.S. Mail during August and September.)

I WILL PICK UP MY PERMIT
Photo ID required. We'll notify you via **tele-phone or email** when your permit is ready (allow three days).

Preferred: _____

AUTHORIZATION & 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 the back of this form. I understand that transfer, falsification, or misuse of the permit may result in permanent revocation of my parking privileges, administrative, disciplinary, and/or legal action. I also understand that during any period of time, I may have a valid parking permit, or claim Clean Air Cash, but not both.

X _____
SIGNATURE

DATE

TRANSPORTATION.STANFORD.EDU

Revised 6/08

PERMIT PRICES

Purchase price during the month of:	A					C/RES					MC		
	2-YR. (thru 8/31/09)	Annual 12-MO. (thru 8/31/08)	Academic 10-MO. (thru 6/30/08)	Per MONTH (1-5 consec.)	Per DAY	C only 2-YR. (thru 8/31/09)	Annual 12-MO. (thru 8/31/08)	Academic 10-MO. (thru 6/30/08)	Per MONTH (1-5 consec.)	Per DAY	Annual 12-MO. (thru 8/31/08)	Academic 10-MO. (thru 6/30/08)	Per MONTH (1-5 consec.)
SEPT. 2007	\$1,206	\$603	\$502.50	\$60	\$11	\$468	\$234	\$195	\$24	\$4.50	\$78	\$65	\$7.75
OCTOBER	\$1,155.75	\$552.75	\$452.25			\$448.50	\$214.50	\$175.50			\$71.50	\$58.50	
NOVEMBER	\$1,105.50	\$502.50	\$402			\$429	\$195	\$156			\$65	\$52	
DECEMBER	\$1,055.25	\$452.25	\$351.75			\$409.50	\$175.50	\$136.50			\$58.50	\$45.50	
JAN. 2008	\$1,005	\$402	\$301.50			\$390	\$156	\$117			\$52	\$39	
FEBRUARY	\$954.75	\$351.75	\$251.25			\$370.50	\$136.50	\$97.50			\$45.50	\$32.50	
MARCH	\$904.50	\$301.50	\$201			\$351	\$117	\$78			\$39	\$26	
APRIL	\$854.25	\$251.25	\$150.75			\$331.50	\$97.50	\$58.50			\$32.50	\$19.50	
MAY	\$804	\$201	\$100.50			\$312	\$78	\$39			\$26	\$13	
JUNE	\$753.75	\$150.75	\$50.25			\$292.50	\$58.50	\$19.50			\$19.50	\$6.50	
JULY	\$703.50	\$100.50				\$273	\$39				\$13		
AUGUST	\$653.25	\$50.25				\$253.50	\$19.50				\$6.50		

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.
For details on determining refund values, if you return your permit before it expires,
go to transportation.stanford.edu

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.

HOSPITAL, LPCH, OR CLINIC EMPLOYEES: I authorize Stanford Hospital & Clinics to withhold from my paycheck any payments due for the period I own the permit. I understand that if I terminate or otherwise become ineligible for the program, that the full balance of my permit will be deducted on an after-tax basis. If applicable, the Payroll Department will refund to me any amounts withheld in excess of the charges accrued at the time I return my permit to the Parking & Transportation Office. I understand that any exchanges or returns must be made the pay cycle prior to the date I wish the change/cancellation to take effect, or I will have to pay the regular monthly deduction. I further understand that if I take an unpaid vacation or a leave of absence, that 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 VIOLATION OF ANY OF THE ABOVE CONSTITUTES CAUSE FOR REMOVAL FROM THE PROGRAM.

AUTOMATIC BANK DEDUCTION SERVICE

This program is not related to 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 YOU NO LONGER NEED YOUR PERMIT, bank draft withdrawals or payroll deductions will not stop until you return the permit to Parking & Transportation Services.

IF YOUR PERMIT IS LOST OR STOLEN, you may be responsible for paying for the full value of the permit.

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