

2004-2005 HARVARD LONGWOOD CAMPUS FACULTY/STAFF PARKING APPLICATION

STICKER # \_\_\_\_\_ LOT LOCATION: LANDMARK CENTER \_\_\_\_\_

Check: \_\_\_\_\_  
 STAFF MEMBER  FACULTY MEMBER  POST DOC I.D.#: \_\_\_\_\_

HMS  HSDM  HSPH  OTHER

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Office Address: \_\_\_\_\_  
Department \_\_\_\_\_ Building/Rm # \_\_\_\_\_ Telephone \_\_\_\_\_

E Mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Tel \_\_\_\_\_

**PAYMENT METHOD:**

Option 1: Payroll Deduction: \_\_\_\_\_ (Complete Attached)

Option 2: Annually \_\_\_\_\_ Semiannually \_\_\_\_\_ Quarterly \_\_\_\_\_ Check Enclosed \$ \_\_\_\_\_

**Primary Parker**

Vehicle #1: \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_  
License Plate # \_\_\_\_\_ State \_\_\_\_\_

**Primary Parker**

Vehicle #2: \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_  
License Plate # \_\_\_\_\_ State \_\_\_\_\_

**SECONDARY PARKERS:** I give the following Harvard affiliated person permission to use my space in my absence only. Two vehicles bearing the same sticker number may not be parked simultaneously on University Property.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ ID# \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_  
License Plate # \_\_\_\_\_ State \_\_\_\_\_

Alarm Instructions: \_\_\_\_\_

**Harvard University assumes no responsibility for damages to any vehicle or contents by reason of fire, theft, vandalism, or other causes, and I covenant not to sue for any damages if this application is granted. I agree to observe parking regulations as from time to time are in force: to pay any amounts due to the University such as fines or expenses for violation of such regulations by vehicles owned or operated by me.**

**If I wish to cancel my monthly, parking I understand that I must do so in writing on or before the day I wish to cancel. Harvard may terminate this license with or without cause on 30 days notice.**

**This application is not valid unless it is dated and signed. It is only an application. No parking privileges are granted unless and until it is accepted and a sticker is issued.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



**Harvard Longwood Campus Parking - Payroll Deduction Authorization**

**Return form to:** HMS Parking Office  
180 Longwood Avenue  
Boston, MA 02115-5899

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**To: Payroll Office, Harvard University, Holyoke Center, Cambridge, MA**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

**Harvard ID #:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**E Mail Address:** \_\_\_\_\_

**Payroll Type:** Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

I authorize you to deduct from my pay a total of \$ \_\_\_\_\_ in substantially equal installments during the period of 7/1/04 through 6/30/05 for Harvard University parking; fee deduction schedule to be determined by the payroll office.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Parking Office Use Only**

**Harvard Longwood Campus Parking Fee:**

**Location:** \_\_\_\_\_ **Total Fee Due:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

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**Date sent to Payroll:** \_\_\_\_\_ **Total Due:** \_\_\_\_\_

**Cancellation Date:** \_\_\_\_\_

**Parking Office Authorized Signature**

**NOTES:**