



2008-2009 University Employee Parking Application/Change Form

Complete this to register for parking at the Emory campus for one of the following reasons.

Please allow five business days to process this application. Please complete reverse side to register for Guaranteed Ride Home program.

CHECK ONE

- I am a new employee of Emory University. Complete all sections of this form.
I am a current employee of Emory University and a change in my parking assignment or payment method is being made. Complete box one (1). Skip box two (2) unless there is a change in work or home address.

1. REGISTRATION INFORMATION Please print.

NAME LAST FIRST M.I.
EMORY ID NUMBER* OTHER ID
WORK LOCATION
DEPARTMENT

*Your Emory ID Number, a 7-digit number, is located on your payroll check form.

2. ADDRESS INFORMATION Please print.

HOME ADDRESS
CITY STATE ZIP
EMAIL ADDRESS
OFFICE PHONE HOME PHONE

3. PARKING ACCOMMODATION

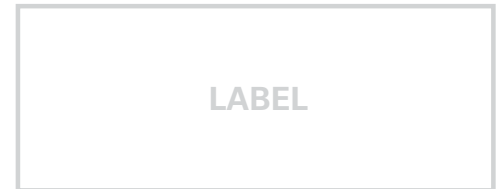
Is disability parking accommodation needed?
Yes No
Parking accommodations may be available once the registration process is completed with the Office of Disability Services (ODS) for persons with a documentable disability or chronic medical condition.
For Emory system employees, both the Emory and current state-issued accessible hangtags are required.
For more information, please contact ODS at 404.727.6016 or 404.712.2049 (TTY/TDD).

4. DECK/LOT ASSIGNMENT

- Indicate your current deck/lot assignment. Check the appropriate box.
Decks: 1525 Clifton Road, 1599 Clifton Road, Clairmont Campus, Fishburne, Gatewood, Lowergate, Lowergate South, Michael Street, Peavine Deck
Lots: B. Jones, Briarcliff Campus, FMD, 1762 Clifton Road, WHSCAB, Other

5. PERMIT INFORMATION

Table with 2 columns: Status, Hangtag. Rows include Reserved Parking* (\$1,500), University Faculty/Staff (\$630), Emory Temp Services, Contract (\$65 per month).



6. PAYMENT METHOD

TAX SAVING OPPORTUNITY. Emory offers you the option of deducting your parking permit fees on a pretax or post-tax basis.
(Please check one box.)
Payroll Deduction (pretax)
Payroll Deduction (post-tax)
Cash (Do not mail cash.)*
Check (#)
Credit Card*
*Can only be accepted in the Parking Office.

FOR OFFICE USE ONLY
PAYMENT AMOUNT
DATE
INITIALS

7. VERIFICATION / SIGNATURE

My signature verifies that the information provided above is correct. I have accurately completed both sides of this form. I understand that I am responsible for obtaining a copy of the parking regulations.
SIGNATURE
DATE

8. VEHICLE INFORMATION

Please complete and produce your driver's license and vehicle registration for confirmation of the following information.
Make Model
Vehicle Type Color
License No. State
Office use only
Driver's license address compared
Vehicle registration information compared

Ridematch Application / Guaranteed Ride Home Registration

You may submit your information below or electronically at www.187ridefind.com to receive an immediate ridematch list and/or to register for the Guaranteed Ride Home program.
For GRH only, complete 1, 2, 3, 5, 6, 7, 8, 9, 13, 17

- 1) **First name** _____ **Middle initial** _____
Last name _____
- 2) **Home address**, or origination point. (no P.O. Box) _____ Apt.# _____
City _____ State _____ Zip _____
- 3) **Closest intersection** (two streets) _____
- 4) **Mailing address** (if different from above) _____ Apt.# _____
City _____ State _____ Zip _____
- 5) **Home phone** (confidential) _____ Cell phone _____
- 6) **Employer** _____
- 7) **Employer address** _____
Office complex _____ Building _____ Site _____
- 8) **Work phone** _____ Extension _____
- 9) **Email address** _____
- 10) I prefer to be contacted at: work home email*
11) Arrive at work _____ a.m. p.m. Leave work _____ a.m. p.m.
- 12) Are your hours flexible? 15 min. 30 min. 45 min. 60 min. Not flexible
- 13) I am interested in: carpool match vanpool match Guaranteed Ride Home Program
- 14) In a carpool, I prefer to be a: Driver Rider Either
- 15) If driver do you have a car? Yes No
- 16) In a vanpool, I prefer to be a: Driver Rider Either
- 17) **Usual mode of transportation to work?**
 Carpool Vanpool MARTA bus
 MARTA rail CCT bus Walk
 Bicycle Telework Drive alone

GUARANTEED RIDE HOME (GRH) PROGRAM

- I already carpool, vanpool, walk, bike, or take transit to/from work. Sign me up for the **Guaranteed Ride Home Program** (your employer must be a participant for you to be registered).

OFFICE USE ONLY

Work Status <input type="checkbox"/> Regular FT/PT (20+ hours) <input type="checkbox"/> FT Temp <input type="checkbox"/> PT Regular (fewer than 20 hours)/ PT Temp <input type="checkbox"/> Ineligible <input type="checkbox"/> Other _____	Previous Status <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Returned permit on ___/___/___ <input type="checkbox"/> Returned permit # _____ <input type="checkbox"/> Other _____ Verified By/Date _____	Deck/lot location _____ Value pass # _____ Payment amount _____ Initials _____ Date _____
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Must provide original or copy of:

Vehicle registration _____

Driver's license (State/#/Exp.) _____