



TRANSPORTATION.STANFORD.EDU

Revised 7/07

2007-08 DEPARTMENT PERMIT APPLICATION

DEPARTMENT INFORMATION <small>(this section should be completed by sponsoring department representative)</small>		
Department name	Name	Date (required)
Dept. rep. responsible for this permit	Campus phone (required) ()	Email (required)
I am sponsoring applicant through (no later than 8/31/08) Month _____ Day _____ Year _____		
<input type="checkbox"/> I certify that this person is formally affiliated with my department or organization.		

BUSINESS INFORMATION <small>(this section should be completed by sponsoring department representative)</small>		
Company name	Name of person <u>responsible</u> for this permit	Daytime phone ()
Business address [street, city, state, zip] (required)		
Driver's license # (required)	Vehicle license plate # (required)	

TYPE OF PERMIT	
<input type="checkbox"/> Vendor service vehicle (annual) Off-campus vendors ONLY	<input type="checkbox"/> Vendor service vehicle (monthly) Start date: Number of months:
<input type="checkbox"/> Dept. service vehicle (annual) On-campus departments ONLY	<input type="checkbox"/> Dept. service vehicle (monthly) Start date: Number of months:
<input type="checkbox"/> Off-site dept. service vehicle (annual) Off-campus departments ONLY	<input type="checkbox"/> Off-site dept. service vehicle (monthly) Start date: Number of months:
<input type="checkbox"/> 'A' Business (annual) Consultants and auditors ONLY; No Pedestrian Zone access	<input type="checkbox"/> 'A' Business (monthly) Start date: Number of months:

METHOD OF PAYMENT
<input type="checkbox"/> CASH (do not mail)
<input type="checkbox"/> CHECK (make payable to TRANSPORTATION)
<input type="checkbox"/> VISA/MASTERCARD ONLY
DEPARTMENT ONLY
<input type="checkbox"/> SUI3 (attach form)
<input type="checkbox"/> P-CARD

PEDESTRIAN ZONE ACCESS
<p>Are you requesting Pedestrian Zone access with your service vehicle permit? Pedestrian Zone access requires a 2007-2008 Pedestrian Zone Access application form and approval by P&TS management. For more information, visit the Pedestrian Zone Access page of the P&TS website at transportation.stanford.edu/pedzone.</p> <p>CAUTION: Pedestrian Zone access is for loading and unloading only. All vehicles with a service vehicle permit must park in a service vehicle space while in the Pedestrian Zone. NOTE: All service vehicle spaces within the Pedestrian Zone have a 2-hour time limit.</p>



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IMPORTANT: Using university funds for parking permits

University funds may be used exclusively for department business and for permits used by contractors, consultants, and auditors who bill their costs to the department or project. University funds may not be used to pay for permits needed as a part of any employee's or student's ordinary commute.

"University funds" mean any funds that flow through the university, including but not limited to general funds, income that supports a school or program, gifts, grants, and contracts. Other organizations on campus, such as Stanford Hospital & Clinics, have their own policies on this matter. Consult your financial manager for more information.

LONG-TERM PERMIT PRICES

Purchase price during the month of:	SERVICE VEHICLE Vendor, department, off-site department	A Business
	Annual 12-MO. (thru 8/31/08)	Annual 12-MO. (thru 8/31/08)
SEPTEMBER 2007	\$1,206	\$603
OCTOBER	\$1,105.50	\$552.75
NOVEMBER	\$1005	\$502.50
DECEMBER	\$904.50	\$452.25
JANUARY 2008	\$804	\$402
FEBRUARY	\$703.50	\$351.75
MARCH	\$603	\$301.50
APRIL	\$502.50	\$251.25
MAY	\$402	\$201
JUNE	\$301.50	\$150.75
JULY	\$201	\$100.50
AUGUST	\$100.50	\$50.25

SHORT-TERM PERMIT PRICES

	SERVICE VEHICLE Vendor, department, off-site department	A Business
PER MONTH (1-5 consecutive)	\$120	\$60

Long-term prices are prorated monthly starting in October and apply to purchases and exchanges only.

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

PLEASE READ AND SIGN:

I certify the above information is true. I agree to the terms stated in the Leland Stanford Junior University Parking & Transportation rules and regulations. I understand that transferring, falsifying, or any misuse of the permit may result in revocation of my parking privileges.

X _____ PRINT NAME _____ DATE _____
 DEPARTMENT EMPLOYEE OR SPONSOR

X _____ PRINT NAME _____ DATE _____
 PRIMARY PERMIT HOLDER

X _____ DATE _____
 P&TS APPROVAL