



2009-10 PARKING PERMIT APPLICATION

WAIT! Before you buy a parking permit, consider joining the Commute Club!
 Save money and reduce your carbon footprint. Receive up to \$282 a year by joining the Commute Club.
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
Daytime phone (required - cannot process without)	Stanford ID number/Hospital file ID*	<input type="checkbox"/> Hospital, LPCH, or Clinics employee
Full email address		<input type="checkbox"/> Resident student
License plate number or VIN #		<input type="checkbox"/> Visiting scholar
License plate state		<input type="checkbox"/> Commuting student
		<input type="checkbox"/> Postdoc
		<input type="checkbox"/> Other (sponsorship form required)

* 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 (Carpools or vanpools, DO NOT complete this form!)
DESIGNATION
<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> Z (Porter Drive employees only) <input type="checkbox"/> OTHER _____ <input type="checkbox"/> RES Residence name: _____
TYPE
<input type="checkbox"/> REPOSITIONABLE (2-year, 12-month, and 10-month ONLY - no RES) <input type="checkbox"/> PERMANENT - non-transferable adhesive (Res, 2-year, 12-month, and 10-month ONLY)
DURATION
<input type="checkbox"/> 2-Year: 9/1/09 (or month of purchase thereafter) to 8/31/11 (University employees ONLY. No Res) Payroll deduction only; subject to annual rate increases <input type="checkbox"/> 12-Month: 9/1/09 (or month of purchase thereafter) to 8/31/10 <input type="checkbox"/> 10-Month: 9/1/09 (or month of purchase thereafter) to 6/30/10 <input type="checkbox"/> Multi-Month (payroll deduction for University employees only) start _____ how many months? _____ <input type="checkbox"/> One-Month (payroll deduction for University employees only) start _____ <input type="checkbox"/> One-Day ‘Scratcher’ (payroll deduction for University employees only) Limit 5 per month; Limit 8 per month for on-campus Commute Club members <input type="checkbox"/> Motorcycle Type: <input type="checkbox"/> MC <input type="checkbox"/> RES <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> Convertible or Motorcycle (Commuters ONLY)

Permit prices on back ►

PAYMENT METHOD
<input type="checkbox"/> PRE-TAX PAYROLL DEDUCTION (please see back for more details) • Commuter permits only • Available only for benefits-eligible employees working 20+ hours per week on University or Hospital & Clinics payroll (NOT available to contingent employees, visiting scholars, and postdocs)
<input type="checkbox"/> CREDIT CARD (Visa or MasterCard ONLY) Do NOT fax or mail credit card information. Submit application, then call P&TS at 650.723.9362 to provide the information.
<input type="checkbox"/> 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 (send copy of voided check if faxing)
<input type="checkbox"/> CASH (do not mail)
<input type="checkbox"/> CHECK (make payable to “Transportation”)

DELIVERY OPTIONS
<input type="checkbox"/> MAIL PERMIT TO MY HOME Please allow 7 days for delivery via U.S. Mail. (Allow 10 days during August and September.) mailing address _____
<input type="checkbox"/> I WILL PICK UP MY PERMIT Photo ID required. We'll notify you when your permit is ready (allow three business days). Choose notification preference: <input type="checkbox"/> email or <input type="checkbox"/> phone

AUTHORIZATION AND SIGNATURE Did you read the terms on the reverse side? ►

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 monthly or annual parking permit, or claim Clean Air Cash, but not both.

X _____
 SIGNATURE DATE

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PERMIT PRICES

Purchase price during the month of:	A					C/RES					MC		
	2-YEAR (thru 8/31/11)	Annual 12-MO. (thru 8/31/10)	Academic 10-MO. (thru 6/30/10)	Per MONTH	Per DAY	2-YR. (thru 8/31/11)	Annual 12-MO. (thru 8/31/10)	Academic 10-MO. (thru 6/30/10)	Per MONTH	Per DAY	Annual 12-MO. (thru 8/31/10)	Academic 10-MO. (thru 6/30/10)	Per MONTH
SEPT. 2009	\$1,452	\$726	\$605	\$60.50	\$11	\$564	\$282	\$235	\$23.50	\$4.50	\$93	\$77.50	\$7.75
OCTOBER	\$1,391.50	\$665.50	\$544.50			\$540.50	\$258.50	\$211.50			\$85.25	\$69.75	
NOVEMBER	\$1,331	\$605	\$484			\$517	\$235	\$188			\$77.50	\$62.00	
DECEMBER	\$1,270.50	\$544.50	\$423.50			\$493.50	\$211.50	\$164.50			\$69.75	\$54.25	
JAN. 2010	\$1,210	\$484	\$363			\$470	\$188	\$141			\$62	\$46.50	
FEBRUARY	\$1,149.50	\$423.50	\$302.50			\$446.50	\$164.50	\$117.50			\$54.25	\$38.75	
MARCH	\$1,089	\$363	\$242			\$423	\$141	\$94			\$46.50	\$31.00	
APRIL	\$1,028.50	\$302.50	\$181.50			\$399.50	\$117.50	\$70.50			\$38.75	\$23.25	
MAY	\$968	\$242	\$121			\$376	\$94	\$47			\$31	\$15.50	
JUNE	\$907.50	\$181.50	\$60.50			\$352.50	\$70.50	\$23.50			\$23.25	\$7.75	
JULY	\$847	\$121				\$329	\$47				\$15.50		
AUGUST	\$786.50	\$60.50				\$305.50	\$23.50				\$7.75		

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. If you return your permit before it expires, go to transportation.stanford.edu or call 650.723.9362 to determine refund values.

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. I understand that any exchanges or returns must be made by the end of the month prior to when I wish the change/cancellation to take effect, or I will have to pay the regular monthly 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 Services office. 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 there are no refunds for pre-tax payroll deduction purchases, and I am choosing this payment method over other payment options available to me.

I UNDERSTAND THAT VIOLATION OF ANY OF THE ABOVE CONSTITUTES CAUSE FOR REMOVAL FROM THE PROGRAM.

AUTOMATIC BANK DEDUCTION SERVICE

This program deducts payments from your bank account. It is not the same as 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 the month after you return the permit to Parking & Transportation Services.

IF YOUR PERMIT IS LOST OR STOLEN, you will be charged a replacement fee, and you may be responsible for paying for the full value of the permit. (There is no charge for replacement with a police report.)

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

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