WHO ARE YOU? (Proof of Stanford affiliation required)

Name (Last name, First name)

Daytime phone

Stanford ID number/Hospital ADP ID*

Full email address

* If you don’t know your ADP ID, please contact the Hospital Parking Liaison at 650.723-4748.

CHECK ONE BOX BELOW

☐ University employee
☐ Hospital employee
☐ Resident student
☐ Visiting scholar
☐ Commuting student
☐ Postdoc
☐ Other (sponsorship form required)

PAYMENT METHOD

☐ Cash (Do NOT mail)

☐ Check (make payable to “Transportation”)

☐ Credit Card (Visa/MasterCard/Discover)

Do NOT fax or mail credit card information. Submit the application, and P&TS will call you for the information.

Payroll deduction is not an option for payment at this time.

LOCKER TYPES AND LOCATIONS (see map of locker and shower locations)

Start date: ______________________________

Bike locker for commuting ($72/year; prorated at $6/month, beginning November)

☐ New rental (requires refundable $25 key deposit. Refund given within five days after return of key)

☐ Renewal

 Locker number _________________

Enclosed bike cage structure ($72/year; prorated at $6/month, beginning November)

☐ New rental

☐ Renewal

 Locker number _________________

□ Parking Structure 5 (Stock Farm)

□ Parking Structure 7 (Knight Management Center)

□ Beckman (Basement level. Accessible only during regular business hours)

Clothes locker ($48/year; prorated at $4/month, beginning November)

☐ New rental

☐ Renewal

 Locker number _________________

□ Beckman

□ Gates

□ MSOB

□ Stanford Hospital

□ Varian Physics

Note: Only one bike and clothing locker rental per person annually.

WAITING LIST (If none of my choices are available)

☐ Please put me on the waiting list for my preferred locker location.*

* If you are waiting for a bike storage locker, you will receive highest priority if you are willing to forgo use of a parking permit when a locker becomes available.

☐ I am willing to do without a permit when a bike storage locker becomes available.

PAYMENT METHOD

☐ Cash (Do NOT mail)

☐ Check (make payable to “Transportation”)

☐ Credit Card (Visa/MasterCard/Discover)

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AUTHORIZED AND SIGNATURE

I understand that I have rented this locker from Stanford University Parking & Transportation Services exclusively for my single use only, to store a bicycle, articles of clothing, and other materials needed to facilitate non-motorized commuting, and that non-motorized commuters have priority for the locker use. I also understand that Stanford University Parking & Transportation Services has the right to inspect the lockers at any time without previous notice to ensure that they are being used in compliance with the intended purpose. Violation of use will result in forfeiture of the locker. I will not hold Stanford liable for any loss, injury or damage arising from the use of the lockers' facilities.

X

SIGNATURE OF RENTER

DATE

Who are you?

(Proof of Stanford affiliation required)

Name (Last name, First name)

Daytime phone

Stanford ID number/Hospital ADP ID*

Full email address

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Locker types and locations (see map of locker and shower locations)

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X

Signature of renter

Date