



SMU Student Parking Application



APPLICATION INFORMATION

Last Name		First Name	
Mailing Address		City	State Zip Code
Telephone Number	School ID Badge Number		Proxy#

VEHICLE INFORMATION

1)	Year, Make, Model, Color	License Plate	State
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PLEASE READ THIS CAREFULLY:

This access card allows you to park one vehicle in a designated garage at your risk. Parking Company of America Management, LLC/ Alta Bates Summit Medical Center does not agree to safeguard your vehicle or assume care, custody or control of your vehicle or its contents. Parking Company of America Management, LLC / Alta Bates Summit Medical Center is not responsible for fire, theft, damage or loss to your vehicle or its contents. Only a license to park is granted, hereby, and no bailment is created. In the event that a lawsuit is filed for any casualty to your vehicle or its contents, you agree to defend and indemnify Parking Company of America Management, LLC / Alta Bates Summit Medical Center for any type of loss including reasonable attorney fees. This is your entire contract and no Parking Company of America Management, LLC / Alta Bates Summit Medical Center employee may modify or waive any of its terms. This contract is cancelable with a 14-day notice by either party.

1. Parking Company of America Management, LLC / Alta Bates Summit Medical Center reserves the right to confiscate all non-valid and non-renewed parking access cards and/or hang tags.
2. Parking access cards are non-transferable. Use of an Access Card by other than the applicant will result in cancellation of the monthly parking privileges.
3. Parking access cardholders should not take tickets from the ticket machine at the entrance gates. If you have forgotten your parking access card, please notify the parking attendant. If you have taken a ticket to gain access and entrance, you are responsible for payment of the daily parking fee.
4. Applicant agrees to report any damage either to another vehicle or to the parking facility caused by customer's vehicle.
5. Applicant agrees to follow the instructions of garage / lot personnel and all posted signs.
6. Do not leave parking access card, valuables, or phones exposed in vehicles. Lock all possessions out of sight.
7. At least 14 days advanced notice of termination is required. Please contact the Parking Transportation Office to provide a notice date of termination of parking.

Applicant Signature	Date
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FOR PARKING USE ONLY

Garage Assigned To: **New Providence Access**

<input type="checkbox"/> Fall (\$125.00)	<input type="checkbox"/> Spring (\$125.00)	<input type="checkbox"/> Summer (\$75.00)
Manner of Payment:	<input type="checkbox"/> Check, No. _____	<input type="checkbox"/> Cash, Amount \$ _____