

## SHREWSBURY CAMPUS PARKING FORM

\_\_\_\_\_  
 (First) (Middle) (Last)

Company UMASS President's Office

SHIFT (circle)            1            2            3

Office # \_\_\_\_\_ Pole # \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Reserved Parking – Payroll deduction biweekly \$22.16 – Monthly \$44.32

\_\_\_\_\_ Unreserved Parking – Payroll Deduction biweekly \$12.00 – Monthly \$24.00

### VEHICLE PLATE INFORMATION

	Vehicle Plate Number	State	Make	Model	Color
1					
2					
3					
4					

**Replacement cost for hanging tag is \$ 5.00.**

I understand that the replacement of a lost/damaged hanging (parking) tag will be at my expense and that when I leave the University or relocate to another site, **I am responsible for returning the Parking Tag to the UMASS Medical School Security office at South Street, Shrewsbury.**

EMPLOYEE  
 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### **Security Use:**

**TAG #** \_\_\_\_\_ **Date Issued** \_\_\_\_\_ **Security Officer** \_\_\_\_\_