



Parking Permit Application

Parking Services, University of Massachusetts, Amherst

51 Forestry Way | Lot 25, Next to Mullins Center | Amherst, MA 01003-6510 | (413) 545-0065

To purchase a permit, you must submit a valid photo ID and current vehicle registration.

Lots fill quickly. Applications are honored on a first-come, first-serve basis.

ALL OUTSTANDING CITATIONS MUST BE PAID IN FULL BEFORE A PERMIT CAN BE ISSUED.

Account Number

Please check all that apply:

- Freshman
- Sophomore
- Junior
- Senior
- GEO/GEO Eligible
- Graduate Student (not GEO Eligible)
- Post Doc
- Continuing Education
- Stockbridge
- On-Campus Resident
- Off-Campus Resident
- Benefited Employee
- Non-Benefited Employee
- Non-Employee/Non-Student
- Retired Employee
- Carpool
- Clean Air Vehicle
- Family Housing
- Occasional Parker
- Vendor/Contractor

Lot Selection: If you do not qualify for your 1st choice, or if the lot is unavailable, then you will receive your 2nd lot choice and be placed on the waitlist.

1st _____ 2nd _____ Waitlist _____

Portable: I want a Portable Permit. A \$10 fee applies. A copy of the vehicle registration(s) is required. On-campus students are not eligible. Commuter students must provide two or more registrations to be eligible.

Vehicle:	Vehicle 1	Vehicle 2	Vehicle 3
State:	_____	_____	_____
Plate#:	_____	_____	_____
Year:	_____	_____	_____
Make:	_____	_____	_____
Color:	_____	_____	_____

Please Print Required Applicant Info:

Last Name: _____

First Name, Middle Initial: _____

Campus ID# (8 digits): _____

Phone#: _____

Email Address: _____

Local/Campus Address: _____

City: _____

State: _____ Zip Code: _____

Permanent Address: _____

City: _____

State: _____ Zip Code: _____

Carpool Permits:

Primary (receives permit and notices)

Carpool Member

Carpool Member Name(s): _____

Employees & GEOs:

I authorize payroll deduction*.

*Read below before checking box. Under-graduate students and non-benefited employees are not eligible for this option.

I hereby request and authorize UMASS to reduce my yearly compensation by an amount equal to the annual parking fee schedule established or revised by the Board of Trustees. I understand that this payroll deduction election may not be revoked after the beginning of the period for which the parking benefit will be provided and that compensation reduction amounts are not refundable. I understand that this payroll deduction election will automatically be renewed for subsequent years unless cancelled by me in writing before the beginning of the permit year. This payroll deduction compensation election must relate to parking benefits to be provided after the election date. I agree to return all parking permits to Parking Services upon termination of employment or retirement.

I have checked all information for accuracy and understand that incorrect or false information may result in loss of permit. I understand that the permit holder and/or vehicle owner, are responsible for all parking citations and are subject to all University regulations. I must return my permit for replacement or refund. I acknowledge this signature also serves as payment authorization.

Signature of Applicant: _____ Date: _____

Office Use Only

Permit#: _____
Place Permit Sticker Here

Amt. Pd: _____

Payment Method: _____

CA DC MC PD UC VI CH# _____

Process Date _____

Initials: _____