



**DEPARTMENT OF TRANSPORTATION SERVICES**  
**PARKING REGISTRATION Exp. Date:**

Hang Tag #

Name (Last, First, Middle)

Employment or Student ID #

Home Address (Street, City, Zip Code)

Home Phone #

University Address (Campus, Unit/Dept., Building, Room #)

Office Phone Number #

Status: (check one)    Faculty    Staff    Housestaff    Student    Other \_\_\_\_\_  
If Student, please provide school name, program and graduation year: \_\_\_\_\_ (please specify)

**PAYMENT METHOD REQUESTED:** (check one)

Check/Money Order    Bi-Weekly Payroll Deduction    Student Account

**TYPE OF PARKING REQUESTED:** (check one)

General Parking (based on salary or status)

\* Guaranteed Parking (at established rate)

\* Reserved Parking (at established rate)

\* Lot Desired \_\_\_\_\_

I understand that payment by payroll deduction will automatically continue based on University policy until I discontinue parking enrollment. I hereby authorize payment of parking fees as indicated above. I certify that the above information is correct. I agree to abide by all parking, traffic, and motor vehicle rules and regulations which apply at Rutgers University. I understand and agree that Rutgers University will not be responsible for any loss or damage to my vehicle or any of its contents due to fire, theft, or any other causes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR CASHIER USE ONLY:**

Cash    Credit Card

Check/Money Order # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Receipt # \_\_\_\_\_ Received By \_\_\_\_\_ Date \_\_\_\_\_

White Copy • Parking Office

Yellow Copy • Cashier

Pink Copy • Requester