

Required:

- Badge
- Vehicle registration or picture of the plate.



VUMC Parking & Transportation Services

PARKING AGREEMENT (please print clearly)

DATE: _____

FULL NAME: _____

CONTACT PHONE #: _____

VUNET ID: _____

LAST 4 DIGITS OF SS#: - - -

MAILING ADDRESS: _____

CITY: _____ ST: _____ ZIP CODE: _____

VANDERBILT EMAIL ADDRESS (if known): _____@_____

BUILDING (Where you work): _____

OFFICE USE ONLY
Permit # _____
Location _____
Gate Card # _____
Exp. Date _____
Classification _____
Employee ID# _____
CGD Payment Type _____

The privilege of parking in Vanderbilt Medical Center Parking Facilities (Staff Area) is subject to the following terms and conditions. Note: VUMC Parking & Transportation reserves the right to control parking and move your designated parking space as needs demand.

PLEASE READ & INITIAL

- 1 *Initial* The term of this agreement shall commence on the date of this agreement and continue there after until Permit is returned to the VUMC Permit Office. Owner or Operator assumes responsibility for articles left in the vehicle, loss due to theft, or vehicle damage by fire, vandalism, collision, or otherwise.
- 2 *Initial* Licensee agrees to abide by all rules and regulations stated on the Vanderbilt University Medical Center Parking website at: <https://www.vumc.org/medcenterparking/>
- 3 *Initial* Licensee agrees to have permit fees deducted from his/her wages and applied toward their account with VUMC Parking & Transportation. Parker agrees to pay for fines and fees if payment cannot be payroll deducted.

VEHICLE INFORMATION

MAKE: _____

MODEL: _____

STYLE: Two-Door SUV Van
(circle one) Four-Door Truck Motorcycle

LICENSE PLATE: _____

STATE: _____

COLOR: _____

YEAR: _____

SIGN HERE

X _____ I understand Vanderbilt Medical Center Rules and Regulations and the terms as stated in this agreement.