Required:		
 Badge Vehicle registration or picture of the plate. 		OFFICE USE ONLY Permit #
VUMC Parking &	Transportation Services 📗	_ocation
PARKING AGREEMENT	(please print clearly)	
DATE:		Gate Card #
FULL NAME:	E	Exp. Date
CONTACT PHONE #:		
VUNET ID:		Classification
LAST 4 DIGITS OF SS#:	E	Employee ID#
MAILING ADDRESS:		CGD Payment Type
CITY:ST:_	11	
VANDERBILT EMAIL ADDRESS (if known):@		
BUILDING (Where you work):		
 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. <u>PLEASE READ & INITIAL</u> 1 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 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 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. 4 If parking fines, citations and fees are not paid, notification to direct manager, home department manager and senior leader will occur which will result in further action that can 		
<i>Initial</i> be taken on employment side to include discipline and/or referral to Faculty Affairs or GME officers for further action/steps.		
	LICENSE PLATE:	
MAKE:	STATE:	
MODEL:	COLOR:	
STYLE: Two-Door SUV Van (circle one) Four-Door Truck Motorcycle	YEAR:	
SIGN HERE		
X I understand Vanderbilt Medical		
Center Rules and Regulations and the terms as stated in this agreement.		