



BROWN

RESIDENT AFFILIATE APPLICATION FOR ASSIGNED OVERNIGHT PARKING

Last _____

First _____

MI _____

Brown Card ID _____

Off-Campus Address _____

Campus Address _____

Box No _____

Email Address _____ Telephone/Ext _____

Grad/Med Student Other (specify): _____

Undergraduate

Disabilities _____ Begin Date _____ End Date _____ Permanent

Payment The fee for an Affiliate Overnight Parking Permit is a flat fee determined annually by the University, and payable in its entirety in advance regardless of whether the affiliate uses it for twelve out of twelve months or not. The fee may be paid by check or cash.

Acknowledgement & Authorization As a Brown University parking permit holder, I understand that permission to use the parking facilities is contingent upon my abiding by the rules and regulations set forth in the Brown University Parking Information Brochure (the "Brochure"). I acknowledge that I have received and read a copy of the Brochure and agree to comply with all parking rules and regulations. I further understand that my parking privileges may be suspended or revoked for any violation(s) of the rules and regulations. I understand that parking is provided at the sole risk of the owner of the vehicle and acknowledge that use of the Brown University parking facilities constitutes an agreement between me and the University that the University shall not be responsible or liable for any loss or damage to the vehicle, its accessories, or contents resulting from theft, fire, collision, vandalism, acts of nature or any other cause and I hereby release Brown from any such responsibility or liability

I acknowledge that in the event any fines due as a result of unpaid parking tickets issued to me or my vehicle by the University for violations of University parking rules and procedures as outlined in the Brown University Parking Information Brochure are not paid within twenty one (21) days of issuance of a notice of a parking violation (whether by ticket or other form of notice), my parking privileges may be immediately suspended and my vehicle will be subject to towing at my expense if parked in a University lot. I understand that if I should dispute that I was in violation of the University parking rules and procedures, I may appeal the fine to the Parking Appeals Board within seven (7) days of issuance of the notice and a decision will be rendered within fifteen (15) business days after appeal has been received.

Signature of Permit Holder _____ Date _____

Affiliate Overnight Parking Permit Rate for 2009-10: Academic Year: \$800.00. Summer: \$240.00. Fiscal year(Jul-Jun): \$1100.00

Parking Office Use Only:
Date Received _____
Date Entered _____
Lot _____
Permit Number _____