



BROWN

APPLICATION FOR GRADUATE/MEDICAL STUDENT OVERNIGHT PARKING

Last \_\_\_\_\_
First \_\_\_\_\_
MI \_\_\_\_\_
Brown Card ID \_\_\_\_\_
Residence Address \_\_\_\_\_
Box No \_\_\_\_\_
Email Address \_\_\_\_\_ Telephone/Ext \_\_\_\_\_
Vehicle Information Year \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ State \_\_\_\_\_ Plate # \_\_\_\_\_
Insurance Information Insurer \_\_\_\_\_ Policy Number \_\_\_\_\_
Disabilities \_\_\_\_\_ Begin Date \_\_\_\_\_ End Date \_\_\_\_\_ Permanent

Payment The fee for an Overnight Parking Permit is determined annually by the University, payable in a single payment of the amount shown below in July of the academic year for which the permit is issued. If the permit holder is a student, the fee will be billed to the permit holder's Student Account. Otherwise, the permit holder may pay the fee by check or credit card.

Acknowledgement & Authorization As a Brown University parking permit holder, I understand that I am responsible for knowing the parking regulations as set forth in the Brown University Parking Information Brochure. I further understand that my parking privileges may be suspended or revoked for violations of the rules and regulations. I understand and agree that the University is not responsible for any vehicle or its contents while parked on University property.

I authorize the University to bill to my Student Account the fee for the parking permit. I further authorize the University to bill my Student Account for any amount due and owing 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. I acknowledge that the amount of any fines not paid within twenty one (21) days of issuance of a notice of a parking violation (whether by ticket or other form of notice) will be added to my Student Account. 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 \_\_\_\_\_

Graduate Student Overnight Parking Permit Rate for 2009-10 \$510.00

Parking Office Use Only:

Date Received \_\_\_\_\_
Date Entered \_\_\_\_\_
Lot \_\_\_\_\_
Permit Number \_\_\_\_\_