

**UNIVERSITY OF CALIFORNIA, WASHINGTON CENTER
PARKING APPLICATION (FACULTY/STAFF)**

Please return completed form to:
Mac Hamlett
UC Washington Center
3rd Floor
1608 Rhode Island Avenue, NW
Washington, DC 20036

Requester Information:

Name: _____

Campus Affiliation/Office: _____ **OR** Guest of: _____

Position: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Campus/Office Telephone: _____ Home Telephone: _____

Email Address: _____

Vehicle(s) Information:

_____	_____	_____	_____	_____
State	License Plate #	Make	Model	Color

Alternate

_____	_____	_____	_____	_____
State	License Plate #	Make	Model	Color

OR

Rental vehicle

Parking Rates \$150.00/month or \$5/day

Monthly

Daily **Dates of Use:** _____

Make check payable to UC Regents

Please read carefully before accepting:

The University of California assumes no responsibility for damages to any vehicle or contents by reason of fire, theft, vandalism, or any other cause including acts of God. I agree to observe all published rules and regulations for University parking. I understand that this agreement incorporates by reference all such related rules, regulations, policies and procedures. I further agree to follow the University procedures for appeal, and to pay promptly any amounts due to the University as fines, fees or expenses for violation of such rules or regulations by vehicles owned or operated by me. I understand that I will be billed directly for all such charges not successfully appealed and that any permit finally determined to be granted may be revoked if I fail to pay any such fines or fees. **I understand that the University reserves the right to cancel my parking privileges without cause at any time and to issue refunds in accordance with policy.**

I accept the terms as described above. _____
Date

Parking Office Use Only			
Date Received	Assigned Space	Access Card	Coord. Initials
_____	_____	_____	_____