

UNIVERSITY OF DELAWARE
FALL 2020 FACULTY/STAFF CARPOOL PERMIT APPLICATION AND/OR PAYROLL DEDUCTION AUTHORIZATION

NAME (print clearly) _____ UD ID NUMBER _____

LOCAL ADDRESS OR DEPARTMENT _____

I certify that any information provided by me is correct and the permit is for my use. I understand that the PERMIT AND PARKING PRIVILEGES ARE NOT TRANSFERABLE OR ASSIGNABLE, except as provided for in the Regulations. I understand it is my responsibility to read the University's Parking Rules and Regulations. I understand that parking on University property is at my risk and that the University assumes no responsibility in the event of damage and/or theft. I understand I am responsible for all violations issued to the vehicles and/or permit listed. I will notify the Parking Office within 5 days of any changes that affect my parking eligibility. If I'm an employee, I hereby authorize the University to deduct from my paycheck those parking fines and late fees not paid after 30 days from the date of the decision of appeal or 30 days from the date of the violation, whichever is later. In addition, I will return the permit to the Parking Office if my status changes.

Signature _____

VEHICLE INFORMATION:

STATE _____ VEHICLE PLATE # _____ MAKE _____ MODEL _____ COLOR _____

STYLE (circle one): 2 Door 4 Door Truck Minivan SUV Convertible

Carpool Summary: tell us how your carpool will work (i.e. start on Kirkwood Hwy & Limestone Rd pick up partner at Milltown Rd and travel to Pearson Hall Lot)

INDICATE PAY TYPE – Semi-Monthly _____ Biweekly _____ (All parking charges are deducted post tax from two pays a month)

I hereby authorize the University of Delaware to deduct the amount indicated below from my salary/wage checks between September 2020 and August 2021 in payment of parking permit fees, unless terminated earlier by written notification. If so terminated, the permit becomes null and void and it is to be returned to Parking Services.

Signature _____

Check only one (1) carpool option from below (all permits are semester permits).

	2 members	3 members
Gray Semester (check one)	_____	_____
__ North __ East __ South		
Central Semester	_____	_____
Pearson Semester	_____	_____
Gate/Garage Semester	_____	_____
(4C, 14C, 17C, 20C)		
Central Gate Semester	_____	_____
(34C and 53C)		
Central Gate Semester	_____	_____
(21, 35C, 37C)		
Red Semester	_____	_____

WHEN RENEWING GATE-CONTROL, INDICATE: LOCATION (LOT#) _____

Parking Office only: Permit No. _____ Date _____ Initials _____