

**THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS
2006-2007 PARKING & DART E-PASS REGISTRATION APPLICATION**

Please Print

Last Name _____ First Name _____ Employee Number _____

Department _____ Title/Certification _____ MC or Student Box # _____ Ext. or Pager # _____

Automobile Information:

Auto #1: License Plate: _____ State: _____ Make: _____ Style: 2dr, 4dr, CV, SUV, Van, TK, SW, HB, MC

Auto #2: License Plate: _____ State: _____ Make: _____ Style: 2dr, 4dr, CV, SUV, Van, TK, SW, HB, MC

Auto #3: License Plate: _____ State: _____ Make: _____ Style: 2dr, 4dr, CV, SUV, Van, TK, SW, HB, MC

Method of Payment:

Cash _____ Payroll Deduction* _____ Check # _____ IDR # _____

CC: Please charge\$ _____ to my Visa, MC, Disc, Amex Acct. # _____ Exp. Date _____

***Payroll Deduction Authorization**

I understand that Payroll Deductions will be adjusted automatically if parking rates increase or decrease. I HEREBY AUTHORIZE THE PAYROLL DEPARTMENT TO DEDUCT PARKING REGISTRATION FEES FROM MY PAYCHECK AS A PRE-TAX DEDUCTION. I UNDERSTAND THAT I MUST CANCEL THIS AUTHORIZATION IN WRITING TO STOP DEDUCTION.

Signature: _____

Date: _____

I authorize Parking Services to cancel my Payroll Deductions for parking. Please check box **ONLY** if canceling.

PARKING LOCATIONS & DART E-PASS SELECTION

____ Allied Health - ____ Faculty \$400, ____ Staff \$250, ____ Student \$75

____ Data Center - ____ Faculty \$400, ____ Staff \$100, ____ Student \$75

____ CBI/CBII Lot - ____ Faculty \$400, ____ Staff \$100, ____ Student \$75

____ Exchange Park Garage - ____ Faculty \$400, ____ Staff \$250

____ Garage 1 (Faculty) - ____ NR \$1600, ____ FR \$800, ____ Faculty \$400

____ Garage 3/Lot 4 - ____ Staff \$100, ____ Student \$75

____ N. Campus Garage - ____ NR\$1600, ____ FR \$800, ____ Faculty \$400, ____ Staff \$275

____ Elmbrook Center - ____ Faculty \$400, ____ Staff \$100

____ Garage 11 (Harry Hines Parking Structure) - ____ Staff \$100, ____ Student \$75

____ SPH Employee Garage - ____ \$250

____ POB Garage - ____ Lower Level FR \$800, ____ Staff \$275

____ Other - Volunteer/Retirees \$30

____ Garage 2 (Staff)- ____ Staff \$250

____ Lot 5 - ____ NR\$1600, ____ FR \$800, ____ Faculty \$400

____ Lot 21/DH- ____ Staff \$100

____ Lofland - ____ FR \$800, ____ Faculty \$400

____ R Building - ____ Faculty \$400, ____ Staff \$100

____ Treadway- ____ Faculty \$400

____ X Building - ____ Faculty \$400, ____ Staff \$100, ____ Student \$75

____ Lot 16 (Exch. Park) - ____ Staff \$100, ____ Students \$75

____ Zale Lipshy Staff Garage - \$300

____ Zale Lipshy Staff Lingo Lot- \$100

____ Additional decal - \$30 x ____

*Note: Director level and above must purchase and pay the "Faculty Rate."

____ **DART E-Pass \$35 (\$2.92/month) for Full-time Faculty and Staff Only. (Payroll Deduction offered only during Annual Parking Registration)**

____ **Renewal** _____ **New (please allow 2-3 weeks for processing)**

If applicable, please indicate decal waitlist choices in priority: 1st _____ 2nd _____ 3rd _____

I agree to assume full responsibility for violations involving my vehicle(s), my decal number, or my garage access card, regardless of who actually drives and parks the vehicle on the campus. I have received and further agree to abide by the Parking Services' Vehicle Regulations and Parking Guide and understand that failure to do so may be the basis for further disciplinary action by the University. If my Visa, MasterCard, Discover, or American Express account number is provided, I authorize Parking Services to charge my account the amount I have shown.

Signature _____ Date _____

Office Use Only

Amount Paid \$ _____ Decal # _____ Date Issued _____

Date Expires _____ Parking Card # _____ Location _____ Issued by: _____