

VUMC Parking & Transportation Services

VANDERBILT UNIVERSITY  MEDICAL CENTER

OFFICE USE ONLY
Permit # _____

Location _____

Gate Card # _____

Exp. Date _____

Classification _____

CGD Payment Type _____

PARKING AGREEMENT (please print clearly)

DATE: _____

EMPLOYEE NAME: _____

CONTACT PHONE #: _____

VUNET ID: _____

EMPLOYEE ID #: _____ LAST 4 SS#: _____

MAILING ADDRESS: _____

CITY: _____ ST: _____ ZIP CODE: _____

VANDERBILT EMAIL ADDRESS (if known): _____

BUILDING: _____

The privilege of parking in the Vanderbilt Medical Center Parking Facilities or at 100 Oaks Medical Center is subject to the following terms and conditions. Note: VUMC Parking & Transportation reserves the right to control parking and move your designated parking space as needs demand.

PLEASE READ & INITIAL

- 1 The term of this agreement shall commence on the date of this agreement and continue there after until Permit is returned to the VUMC Permit Office. Owner or Operator assumes responsibility for articles left in the vehicle, loss due to theft, or vehicle damage by fire, vandalism, collision, or otherwise.
- 2 Licensee agrees to abide by all rules and regulations stated on the Vanderbilt University Medical Center Parking website at: www.mc.vanderbilt.edu/parking
- 3 Licensee agrees to have permit fees and any citations, fines or fees deducted from his/her wages and applied toward their account with VUMC Parking & Transportation. Parker agrees to pay for fines if payment cannot be payroll deducted.

VEHICLE INFORMATION

LICENSE PLATE: _____

MAKE: _____

STATE: _____

MODEL: _____

COLOR: _____

STYLE: _____

YEAR: _____

SIGN HERE

X _____ I understand Vanderbilt Medical Center Rules and Regulations and to the terms as stated in this agreement.