

**2009-2010 PURDUE UNIVERSITY CALUMET
RESERVED PARKING ACCESS PERMIT APPLICATION**

NAME: _____ PUID: _____

STAFF CLASSIFICATION: _____ DEPT: _____

HOME ADDRESS: _____

CAMPUS ADDRESS: _____

	PAYMENT SCHEDULE	RESERVED PARKING FEE
Parking Fee Effective August/2009	Monthly Pay Reduction	*\$35.00 – 10 Pays (\$350/YR)

* 10 pay periods – (begins August/2009 – ends May/2010)

Payroll Salary Reduction Agreement/Authorization:

I hereby authorize Purdue University Calumet to deduct from my salary the above monthly rate to purchase qualified (non-taxable) **RESERVED** parking benefits. **I understand this deduction will continue in effect at the above fee until new parking fees are established.** I understand that if new parking fees are approved, I will be required to complete a new Parking Access Permit Application immediately following such rate increase. I further understand that I may terminate this agreement upon filling out a “**Request to Cancel**” form at the University Police Department. **I also understand that I am not required to participate in this plan if I choose not to park on campus property.**

Persons with parking privileges are licensees who are entitled to use appropriate parking spaces. I understand that my signature constitutes an agreement between myself and the University and that the University shall not be responsible for any loss or damage to the vehicle or its contents resulting from theft, vandalism, fire, collision or any other cause on the University’s property.

Applicant’s Signature _____ Date _____