SHREWSBURY CAMPUS BADGE & PARKING FORM

_____

(First) **(Middle)** **(Last)**

Company **UMASS President's Office**

Phone #: _____

_____**Unreserved Parking - Payroll Deduction biweekly $16.00 - Monthly $32.00**

_____**Reserved Parking* - Payroll deduction biweekly $34.00 - Monthly $68.00**
*** availability of reserved parking is based on capacity**

_____**Consultant/Contractor/Temp Parking (no payroll deduction)**
Contract end date (required): _____

_____**Executive Intern Unreserved Parking (no payroll deduction)**
Intern end date (required): _____

_____**No Parking**

VEHICLE PLATE INFORMATION

	Vehicle Plate Number	State	Make	Model	Color
1					
2					
3					

When I leave the University or relocate to another site, **I am responsible for returning the Badge & Parking Tag to the UMASS Presidents office at South Street, Shrewsbury.**

SIGNATURE:_____DATE:_____