PARKING LOT APPLICATION

A limited number of assigned parking spaces will be available in the Naismith Hall parking lot for the Academic Year. Spaces are \$350.00 for the Academic Year. Parking lot fees are **NON-REFUNDABLE** and cannot be assigned or transferred to anyone else. Please complete the following information and return it with your check for \$350.00 made payable to Naismith Hall to the Business Office prior to parking in the lot. You will be notified via email if you have been assigned a parking space and a permit that will allow you to park in the lot. If Naismith Hall cannot provide you with a parking space, your original check will be returned.

AGREEMENT

I fully understand and agree that Naismith Hall is in no way responsible for any articles left in my vehicle nor for any damages done to my vehicle while it is parked in the Naismith Hall parking lot. I accept all risk for any damage to my vehicle. Furthermore, I agree not to resell or allow persons other than myself to park in Naismith Hall parking lot. It is further agreed that I will not use the parking lot for any unlawful purpose or for anything other than to park my vehicle. I also understand that this parking lot agreement remains in effect only while I reside at Naismith Hall. Should I cancel my Room and Board Agreement for any reason, I forfeit my parking spot and understand there will be no refund of any monies paid.

I agree to notify Naismith Hall in writing of any changes in vehicles, including the description as well as the license plate numbers for vehicles other than those indicated below. Failure to do so may result in the unidentified vehicle being towed away, in which event Naismith will not be responsible for returning the vehicle or paying any fines or charges for the towing. The Naismith Room and Board Agreement that I signed is incorporated herein by reference and any and all applicable provisions contained therein shall also apply in this instance.

STUDENT:			_		
	[Printed Name]		Signature		Date
	Email:		Cell Number		
further agree to h		s agent and em		below, I hereby consent to th s from any and all liability in c	_
Vehicle Owner's:		·			_
[Printed Name]		Signature		ure	Date
PLEASE PRINT	Email:			Cell Phone #	
Vehicle Owner's Last Name		First Name		Registration Number	
Home Address		City		State	Zip
VEHICLE DESCRIP	TION:				
Make of Vehicle		Color	Year	License Plate No.	State
 [office use only]					
Account No.:		Check No.:		Check Date:	
Permit No.:		Issue Date:		Issued By:	
Permit Received:					

Date

Signature