

**UTHEALTH Auxiliary Enterprises - Parking Services
Contract Parking Application**

New Contract

Information Update

Cancellation

First Name **Middle Initial** **Last Name**

Home Address **City** **State** **Zip**

Work Telephone # **Cell #** **Email**

UT Employee ID# **Department Name and Work Address**

UT ID Badge # (located below the magnetic strip- Not the Bar Code number)

Vehicle Information:

1. _____
Make, Model & Year **License Plate** **Color**

2. _____
Make, Model & Year **License Plate** **Color**

Agreement:

As the Contract Parker, I understand that by signing this Application I am responsible for the payment of my contract parking fees. I understand that payment must be made in the form of Cash, Check, Credit Card or Payroll Deduction (UTHealth employees only). If paying by payroll deduction, it is my responsibility to monitor my payroll deductions to ensure that funds are being withdrawn for the purpose of payment of parking fees. I agree that I am responsible for the access card issued to me and that the card remains the property of UTHealth. A \$10 activation fee is due upon sign-up (in addition to monthly parking fees), and if the card is lost or damaged a \$10 non-refundable fee will be assessed to cover the replacement of the card. I understand that I am paying for parking in increments of one (1) full calendar month each (with the exception of proration at start-up) and that, if cancellation is made mid-month, I will not be entitled to any refund of my parking fees for that month. I agree to adhere to the following policies regarding Contract Parking and to all other regulations and policies of UTHealth and its departments of Auxiliary Enterprises and Parking Services.

1. Parking fees are due the first (1st) day of every month. If not paid by the fifth (5th) day of the month, parking privileges are subject to suspension and/or cancellation.
2. Use of the issued access card or permit (hang-tag or decal) by anyone other than Contract Parker is prohibited. Contract parking authorization permits are non-transferrable.
3. If applicable, monthly permits must be visibly displayed on vehicles at all times when using a UTHealth facility.
4. UTHealth reserves the right to confiscate all non-valid or non-renewed access cards and permits.
5. Contract Parker agrees to promptly report any damage to the facility or other patron's vehicles caused by Contract Parker's vehicle.
6. Contract Parker agrees to follow instructions of the garage/lot personnel and/or posted signage. Towing is strictly enforced for rule violations.
7. Prior notice of cancellation of contract is required. Monthly parking fees are non-refundable.
8. Do not leave valuables in vehicle. Lock all possessions. UTHealth assumes no responsibility of the security of your vehicle or its contents.
9. Parking Contracts are sold on a monthly basis and contract terms are month-to-month.
10. Contract Parker is responsible to notify Parking Office of any contract changes such as new vehicle or contact information.
11. Contract Parker must obtain prior approval from the Parking Office to leave a vehicle in a UTHealth parking facility for longer than a 24 hour period. Vehicles left for longer than 24 hours without prior authorization will be removed at the vehicle owner's expense.

PLEASE READ THE FOLLOWING CAREFULLY

I understand and agree that this permit allows me to park one designated vehicle in a designated area at my sole risk. I acknowledge that UTHealth is not agreeing to safeguard my vehicle or assume care custody or control of my vehicle or its contents, and that UTHealth is not responsible for fire, theft damage or loss to my vehicle or its contents. I acknowledge that only a license to park is granted hereby, and no bailment or other arrangement is created. In the event that any claim or action is brought for any casualty caused by me, my vehicle or its contents, I agree to indemnify UTHealth for any related loss, including reasonable attorney's fees.

THIS IS YOUR ENTIRE CONTRACT RELATED TO PARKING AT UTHEALTH, AND NO UTHEALTH EMPLOYEE MAY MODIFY OR WAIVE ANY OF ITS TERMS WITHOUT THE PRIOR WRITTEN APPROVAL OF THE VICE PRESIDENT, AUXILIARY ENTERPRISES.

Customer Signature Date

Office Use Only

Start/Cancellation Effective Date: _____ Lot Assigned: _____ Credential ID: _____

Completed By: _____ Receipt #: _____