

GRCC Parking Fee Program and On-Campus Parking Privileges

NON-EMPLOYEE

Last Name: _____ First Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home / Cell Phone Number: (_____) _____ Email: _____

Supervisor: _____ Office Location and Program: _____

Begin date: _____ End date: _____ Full-Time Part-Time

DECLINE: I do not wish to participate in the Parking Fee Program. I understand that I will no longer have access to the GRCC staff parking on campus and will be required to find alternative parking or use the off-campus parking provided by GRCC.

ELECT: I wish to park in GRCC staff parking on-campus and participate in the Parking Fee Program.

Please select employee group. The monthly rate (September-April) will be as follows:

- Full-time \$15.00
- Part-time \$ 5.00
- Volunteer No Cost

I understand and agree to prepay the indicated amount for each month of parking September-April. I understand that this amount will change if there is a change in the GRCC published parking fee rate; however, I will be notified prior to such a change taking place.

Signature: _____ Date: _____

You must print and mail OR return this form to: GRCC Human Resources
143 Bostwick Avenue, NE
Grand Rapids, MI 49503-3295

OR FAX this form to: (616) 234-3907

OR scan/email this form to: bcary@grcc.edu

Replacement cost for lost/stolen cards: \$5.00 for first time and \$10.00 for second time.

THIS SECTION TO BE COMPLETED BY GRCC CAMPUS POLICE

Ramp Assignment: _____ Hanging Tag Number: _____

Campus Police Authorization Signature: _____ Date: _____