

GRCC NON-EMPLOYEE: Parking Fee Program and On-campus Parking Privileges

PERSONAL INFORMATION (Please print.)

Name (Last): _____ (First): _____ (Middle Initial): _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone (Home/Cell): (_____) _____ Email Address: _____
 Supervisor's Name: _____
 Department/Program: _____ Building/Room Number: _____
 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 (Sept.-April) will be as follows:
 Full-time \$15
 Part-time \$ 5
 Volunteer No Cost

Replacement cost for lost/stolen cards: \$5 for first time and \$10 for second time.

REQUIRED SIGNATURE

I understand and agree to prepay the indicated amount for each month of parking Sept.-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.

Employee's Signature: _____ Date: _____

SUBMISSION INSTRUCTIONS

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

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

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

THIS SECTION TO BE COMPLETED BY GRCC CAMPUS POLICE

Ramp Assignment: _____ Hanging Tag Number: _____
 Campus Police Authorization Signature: _____ Date: _____