PRINT RESET

OSU Medical Center Satellite Permit Application

Transportation & Parking Services

CUSTOMER INFORMATION

Please Print

OSU ID (8 or 9 digits)

Last Name First Name M.I.

Home Address

City State Zip

Home Phone Work Phone E-mail Address

Department Office Location

LIST OF VEHICLES OWNED

Make	License Plate	State

CUSTOMER PAYMENT

☐ Pre-Tax Payroll Deduction ☐ Master Card/Visa

☐ Cash ☐ Check ☐ American Express

☐ Money Order ☐ Discover

Credit Card Number

exp. date ☐☐ / ☐☐

DEPARTMENTAL BILLING INFO

ChartField for Billing back fee for use of garage *($5 per calendar day for FY10)*

Org *Fund* *Account*

I verify that the above employee may need to park on the Columbus campus for business-related purposes and authorize the fee for use of any staff garage to be charged to the above Chartfield.

X

Authorized Signature for ChartField listed *date*

Printed name of authorizing signature

PERMIT TYPE (CHECK ONE)

☐ **MA** - Medical Access ☐ **WB** - West Campus

☐ **A** - Central Campus ☐ **CX** - Commuter Express

☐ **WA** - West Campus ☐ **MC** - Motorcycle

☐ **B** - Central Campus ☐ **D** - Disability*

*** For Disability Permits Only:** ☐ **Permanent** ☐ **Temporary**

Please remember to include a copy of the Registration you received with your State Disability Placard if this is a new disability application or if your state placard has expired or will expire within 60 days.

SIGNATURE

X

Signature (required of all applicants)

I verify that I work primarily from a University Medical Center Satellite location that is not contiguous to the Columbus Campus. I understand that the MA permit is intended to provide parking on the Columbus Campus for business purposes and if I transfer to a position based on the Columbus Campus, I will exchange the MA permit for a regular OSU permit.

If I elected Payroll Deduction as a payment method, I agree to have my compensation reduced by the amount of the permit fee. Should I wish to terminate my participation in the Program, or if my University compensation stops for any reason (leave of absence, termination from OSU, etc.), I will return the permit to Transportation & Parking Services and indicate that I no longer wish to participate in the program.

I understand that if a payroll deduction is missed for any reason, I am still responsible for the payment due. I am aware that failure to pay a missed deduction will result in issuance of a citation or my permit may be classified as revoked. Unpaid citations or display of a revoked permit may lead to impoundment of my vehicle. I agree citations issued under these circumstances are not eligible for appeal.