SIMMONS COLLEGE SPRING BREAK PARKING PERMIT APPLICATION BY FAX OR MAIL 2007

CAMPUS CARD OFFICE MCB E-007, 300 THE FENWAY, BOSTON, MA 02115-5898 (617)-521-2886

CHECK ALL THAT APPLY:

☐ FULL-TIME
☐ PART-TIME

☐ FACULTY
☐ STAFF
☐ STUDENT

SIMMONS ID NUMBER_____ **DEPT/PROGRAM**_____

DRIVER'S NAME_____

STREET ADDRESS_____

CITY, ST, ZIP_____

HOME PHONE_____ **CAMPUS PHONE**_____

CELL PHONE_____ **EMAIL**_____

OWNER IF DIFFERENT THAN DRIVER:

OWNER'S NAME_____

OWNER'S ADDRESS_____

OWNER'S PHONE_____

AUTOMOBILE INFORMATION	PLATE NUMBER	STATE	MAKE (FORD, HONDA, ETC.)	MODEL (TAURUS, ACCORD, ETC.)	TYPE (SEDAN, WAGON, ETC.)	COLOR
FIRST AUTOMOBILE						
SECOND AUTOMOBILE						

I HAVE READ AND UNDERSTAND THE SIMMONS COLLEGE PARKING POLICY, RULES AND REGULATIONS. I UNDERSTAND THAT FAILURE TO COMPLY WITH THESE RULES AND REGULATIONS MAY RESULT IN THE REVOCATION OF PARKING PRIVILEGES.

SIGNATURE_____ **DATE**_____

FOR OFFICE USE ONLY:

PERMIT # _____

QUANTITY_____

☐ CASH
☐ CHECK #_____
☐ CHARGE

COST_____

STORE CREDIT_____

TOTAL_____

NOTES:

DATE REC'D

☐ REGISTER ☐ ACCESS
☐ MAILED

BILLING INFORMATION

I would like to purchase the following:

SPRING BREAK PERMIT

☐ FACULTY/STAFF $60
☐ STUDENT $50

PLEASE NOTE: PERMITS ARE VALID FROM SATURDAY, MARCH 3 THROUGH SUNDAY, MARCH 1O **ONLY**.

PAYMENT BY FAX OR MAIL

☐ I have enclosed my check, payable to Simmons College. **Amount of Payment** _____

☐ Please bill my credit card:

Type of card *(check one):* ☐ Visa® ☐ MasterCard® ☐ Discover®

Name on Card _____

Billing Address _____

City, State, and ZIP _____

Credit Card Number _____

Expiration Date _____

Amount of Payment $_____

_____

Authorized Signature (*must match name of cardholder***)** **Date**

Please charge my credit card for the amount indicated.

Upon receipt of payment, we will mail a parking permit to your home address and add the electronic parking coupons to your Simmons ID.

Please FAX to (617) 521-3177 or mail to: Simmons College, Campus Card Office, 300 The Fenway, Boston, MA 02115-5898