

**PARKING / VEHICLE REGISTRATION – Medical College of Georgia**

Name (Last, First, Initial)		Employee/Student ID#	
Campus Address / School	MCG Ext.	Home Phone	
Home Address	City	State	Zip Code

<b>CLASSIFICATION</b>	
<input type="checkbox"/>	1 Student
<input type="checkbox"/>	2 Employee (Bi-weekly)
<input type="checkbox"/>	3 Employee (Monthly)
<input type="checkbox"/>	4 Faculty
<input type="checkbox"/>	5 HI Employee
<input type="checkbox"/>	6 PPG
<input type="checkbox"/>	7 Contract

DESCRIPTION OF MOTOR VEHICLE:					
Year	Make	Model	Color	State	Tag No.

<b>PARKING OFFICE USE ONLY</b>
<b>PARKING DECAL NO.</b>

**PARKING OPTIONS:**

- Non-Reserved Parking:**     **\$25 per month / \$300 per year**  
All campus locations not designated as patient, visitor, handicap or reserved parking.
  
- Reserved Parking:**     **\$60 per month / \$720 per year**  
Surface parking location dedicated to single vehicle.

**NOTICE:**     **Lost or stolen hangtags will be replaced at a fee of \$100.00.**  
**Use of lost or stolen hangtag will result in a fine of \$500.00.**

<b>CHARGES</b>
<b>Annual Decal Fee</b>
\$10 x _____ = _____
Zone fee _____
Total _____
<b>Payment Method</b>
<input type="checkbox"/> Payroll Deduction
<input type="checkbox"/> Credit Card / Check
<input type="checkbox"/> Cash
<input type="checkbox"/> Billed _____

I desire to operate and park a vehicle on the campus of the Medical College of Georgia. I understand and agree that it is my responsibility to abide by published Traffic and Parking Regulations and pay the prescribed fees as adopted by the Medical College of Georgia and MCG Health Inc. Fines and late fees imposed by the Medical College of Georgia or MCG Health Inc. for violating either MCG or MCGHI Traffic and Parking Regulations may be deducted from my paycheck. **My signature below authorizes MCG to deduct such fines or late fees from my paycheck.** Falsification of parking registration information to either the Medical College of Georgia or MCG Health Inc. will result in a fine and / or cancellation of parking privileges.

(Signed) \_\_\_\_\_ (Date) \_\_\_\_\_  
(mm/dd/yyyy)

PS226 4/08

**>> Form Processing Instructions:**

1. Print a blank copy of this form.
2. **Fill in all the required information, sign and date form.**
3. **Return the completed Registration Form to the MCG Parking Office**, for processing, by one of the following means:
  - a. Mail the Registration Form to: MCG Parking Office, HT-1147, or
  - b. Fax the form to: (706) 721-0325, or
  - c. Take the Registration Form to the MCG Parking Office located in the Annex II building, first floor, south entrance, in room HT-1147, between the hours of 7:00 AM to 5:30 PM, Monday through Friday, except holidays.
4. **ALL** Parking / Vehicle Registration Forms require the Applicant's Signature, before the form can be processed.
5. If you have any questions, please contact the MCG Parking Office by calling (706) 721-2953, between the hours of 7:00 AM to 5:30 PM, Monday through Friday, except holidays.