

Name (Print Clearly) \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Class (FR, SO, JR, SR) \_\_\_\_\_

Please read the following carefully. Purchase of a parking tag does not guarantee a parking spot. Parking tag must be displayed from inside rear view mirror when entering AND while parked on campus or you will not be permitted to enter the lots. You must show your ID card to the attendant upon request. This is a security measure. Use caution! Do not leave any personal items in the car. **IMPROPER USE OF TAG AND/OR FAILURE TO FOLLOW ALL DIRECTIVES FROM AUTHORIZED PERSONNEL WILL RESULT IN REVOCATION OF PARKING PRIVILEGES. Inquiries or complaints should be directed to the Office of Student Life.**


The undersigned hereby requests permission to use the parking area of St. Joseph's College (the "College") for the purpose of parking the undersigned's car/vehicle therein.

In consideration of the College granting such permission, the undersigned agrees to indemnify and hold the College harmless from and against any and all loss or liability incurred by the College as a result of the undersigned's use of the parking area, and further, the undersigned agrees to hold the College harmless from any and all claims for loss, liability, or damage to the undersigned's automobile or any persons or property contained therein while parked in the aforesaid parking area.

\_\_\_\_\_  
SIGNATURE\_\_\_\_\_  
DATE

APPLICATION FOR:

A. \_\_\_\_\_ PARKING FOR FULL-TIME STUDENTS

B. \_\_\_\_\_  "Green SJC" parking tag. Note that three students must be in the car in order to enter lots.

C. \_\_\_\_\_ ½ Day Tag. Entry to lots after 12 noon only.

(1) \_\_\_\_\_  
COLOR (FORD, HONDA, ETC.) (ESCORT, CIVIC, ETC.) PLATE NUMBER

\*(2) \_\_\_\_\_

\*If you are using more than one car, tag must be with the car parked in the lot.

FOR OFFICE USE:

RECEIVED: \_\_\_\_\_ # \_\_\_\_\_ \$50.\_\_\_\_ \$25.\_\_\_\_

Payment method:  \_\_\_\_\_ M.O. \_\_\_\_\_ \$ \_\_\_\_\_ CC \_\_\_\_\_

TAG # \_\_\_\_\_

½ DAY TAG # \_\_\_\_\_

GREEN TAG # \_\_\_\_\_

Return this application with \$50. payment to: Office of Student Life, St. Joseph's College, 245 Clinton Ave., Brooklyn, NY 11205