

PERMIT:
BILLING PERIOD / SEMESTER:

FLEX Parking Agreement & Receipt Form

As a Flex parker, I hereby agree to abide by the following rules and regulations:

- 1) Registration occurs semiannually in July and January and is required for this complimentary permit. In addition, FLEX funds must be deposited on your Temple University ID card. Flex parking is only valid between 7:00 AM – 10:45 PM and does not provide a guaranteed parking space. **Flex parking require a deposit of funds into your parking account prior to use. Attempting to park at the Carlisle Garage without sufficient funds will result in the assessment of the daily rate.** We recommend a minimum Flex parking funds purchase of \$80.00 for **8 parking admittances (\$10.00 per entry).**
- 2) My parking privilege is solely for my convenience and at my own risk. Temple University assumes no responsibility for theft, fire, damage to or loss of use of either my vehicle or its accessories or its contents. If it is determined that a parker is parking more than one vehicle at a time within the assigned area, the user will have parking revoked and disciplinary measures may also be taken.
- 3) My permit must be displayed inside my vehicle, on the back of the rearview mirror. Vehicles found not displaying their appropriate university parking permit as well as the use of their Temple ID card upon entrance will result in the assessment of the daily cash rate. If I utilize multiple vehicles, the permit must be transferred to vehicle being driven. Only one vehicle may utilize parking privileges at any given time. Vehicles found without the appropriate receipt of payment or registered permits are subject to citation and enforcement procedures.
- 4) The University has the right to change the parking rates. The University also has the right to withdraw my privileges at any time with appropriate refund to me.
- 5) Attempting to park at a parking facility without sufficient funds will result in the assessment of the \$20.00 daily rate.

MAKE OF VEHICLE _____ MODEL OF VEHICLE _____ YEAR _____ COLOR _____

STATE _____ LICENSE PLATE # _____ EMAIL ADDRESS _____

PRINT NAME _____ SIGN _____ DATE _____

FOR OFFICE USE

TUID #: _____ - _____ - _____ ISSUE LEVEL: _____ AMOUNT: \$ _____

PARKING FACILITY

- ADA
- Carlisle West Garage
- _____

PAYMENT METHOD

- American Express
- Cash
- Check
- Department Transfer
- Diamond Dollars
- Discover
- Journal Entry
- MasterCard
- Payroll Deductions
- Visa

Cashiers Initials: _____ Date: _____

Verified T2 Flex Initials: _____ Date: _____