

# Weekend Workshop Student Parking Application

Date: \_\_\_\_\_

MassArt ID #: \_\_\_\_\_

Driver's Name: Last \_\_\_\_\_

First \_\_\_\_\_

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

Home Telephone: ( \_\_\_\_ ) \_\_\_\_\_

Cell: ( \_\_\_\_ ) \_\_\_\_\_

MassArt E-mail: \_\_\_\_\_

License Plate	State	Make (Ford, Honda, etc)	Model (Taurus, Accord, etc)	Year	Color

**Please mark which lot you want parking:**

Ward St Lot (\$15/weekend) \_\_\_\_\_

**INFORMATION:**

- A class/workshop schedule **MUST** be submitted with the completed application for the application to be considered.
- Parking will be for dates indicated only \_\_\_\_\_.
- Parking is on a first come, first served basis.
- There will be one parking rate for Ward Lot Weekend Workshop parking of \$15 payable by **CHECK or MONEY ORDER** to The Residences at MassArt

**AUTHORIZATION**

**I hereby verify that all information on this application is true and accurate.**

**I understand that:**

- Any false information provided will automatically disqualify my application for parking.
- I understand that all permits and parking rights are non-transferable.

<b>For office use only:</b>  Date Received: _____  Date Notified: _____	Permit Number: _____  Lot Assigned: _____      Total Due: _____	Check/MO number: _____  Name: _____
---	---	---