**UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM**
**Office of Graduate Medical Education**

3400 Spruce Street, 210 White Building

## Philadelphia, Pennsylvania 19104

**Phone: (215) 662-3957**

**Fax: (215) 615-4111**

# ROTATOR Lot 51 PARKING REQUEST

**Last Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip**\_\_\_\_\_\_\_\_\_\_\_\_

**Sponsoring UPHS Department** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rotation Dates: Start** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **End** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last 4 digits of SS #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Driver License #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **License Plate # / State** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Make** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Model** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Year** \_\_\_\_\_\_\_\_\_\_\_\_ **Color** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TERMS AND CONDITIONS**

1. **The rotator must provide at least 50% or more clinical service to HUP.**
2. **Rotators are not entitled to the use of a specified or assigned space.**
3. **Rotators must retain complete control of their vehicles at all times and are responsible for any damage to their vehicle or personal property while parked in Lot 51. Neither the Hospital nor the University will be responsible for such loss or damage whatever the cause. To avoid loss or damage and the inconvenience it causes, vehicles should be parked carefully so they will not be struck by others. Vehicles should be locked and items of value should not left in view. Vehicles not authorized to park by the Graduate Medical Education Office may be towed away at the owner's expense.**
4. **Return completed parking application along with a current copy of your registration.**

**MY SIGNATURE *constitutes that I have read and agree to the terms and conditions stated above.***

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*GRADUATE MEDICAL EDUCATION OFFICE USE ONLY\*\***

**Approved by** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Card #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_