



Visitor Parking Validation Request

Please complete the form and return it to Parking Services | 1945 Starvine Way, Clairmont campus via email to parking@emory.edu.

Validation tickets may be picked up from the Parking Services Office at 1945 Starvine Way, Clairmont campus, Level 4 Suite 400B five (5) business days after submission. An email will be sent to the contact person below when validations are ready for pickup.

I. APPLICANT INFORMATION

Date ___/___/___ Dept. Name: _____ [] Emory University [] Emory Healthcare

Authorized Dept. Contact: _____ Email: _____

Authorized Department Signature : _____

Speed Type _____ Phone: _____

II. RATE SCHEDULE Effective 9/01/2017

Fishburne, Peavine, Michael St., Oxford Rd, Starvine (Clairmont)

Lowergate East/West and 1525 Clifton

| UNIVERSITY PARKING RATES | |
|--------------------------|---------|
| 15 min to 1 hour | \$4.00 |
| 1 hour to 2 hours | \$6.00 |
| 2 hours to 3 hours | \$8.00 |
| 3 hours to 4 hours | \$10.00 |
| 4 hours to 24 hours | \$12.00 |
| Lost ticket | \$25.00 |

| HEALTHCARE PARKING RATES | |
|--------------------------|---------|
| 30 minutes to 1 hour | \$4.00 |
| 1 hour to 3 hours | \$6.00 |
| 3 hours to 4 hours | \$7.00 |
| 4 hours to 7 hours* | \$8.00 |
| 7 hours to 24 hours | \$12.00 |
| Lost ticket | \$25.00 |

**Lowergate patient/visitor rate capped at \$8 through Guest Services Concierge*

III. VALIDATION REQUEST

Please indicate the quantity of validation tickets you are requesting below:

_____ Full Validation SpeedType will be billed for actual usage up to the full amount of the validation. Please Qty. use "Capped Amount" selection below if you would prefer to cap the amount of the validation.

_____ Capped amount \$ _____ Qty.

Validations are billed when used, typically billed during the month used by the visitor. 3 year expiration date is printed on each validation at time of purchase.

For questions related to Special Events on campus, contact abrewe2@emory.edu.

If your request is for a Special Event, how many visitors do you anticipate parking on campus? _____

Please specify preferred location for guest parking:

- Fishburne, Peavine, or Michael St.
- Starvine deck at Clairmont campus
- Oxford Rd. deck

OR

- Lowergate East/West
- 1525 Clifton

Office Use Only

Batch Number: _____ Validation Number Range: _____ to _____

Department Notified: ___/___/___ Prepared By (Init.) _____

Tickets released to: _____ Date: ___/___/___ (Parking staff initials)

Print Name here _____ Phone _____