



# MURRAY STATE UNIVERSITY

## Parking Services

### Contractor/Vendor Parking 2019-20

Who will be responsible for payment? Company \_\_\_ Employee \_\_\_

Payment Options:

Annual Parking Access: \$200 \_\_\_\_\_ X \$200= \_\_\_\_\_

Semester Parking Access: \$100 \_\_\_\_\_ X \$100= \_\_\_\_\_

Monthly Parking Access: \$50 \_\_\_\_\_ X \$50= \_\_\_\_\_

Daily Parking Access: \$2.50 \_\_\_\_\_ X \$2.50= \_\_\_\_\_

Free: Parking at Stadium Northwest lot (only).

(Workers will be required to be shuttled to their worksite by company)

**\*\*The charges will be invoiced to the company\*\***

If more than one payment option is needed, please complete separate form.

**Please complete in Blue or Black Ink!**

Date: \_\_\_\_\_ Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zipcode: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_ Company Contact Name: \_\_\_\_\_

Building(s) visiting: \_\_\_\_\_ Number of vehicles on campus at the same time \_\_\_\_\_

Contacts email: \_\_\_\_\_

If individuals operating any registered vehicles below receive any citation(s) on their assigned vehicle(s), the driver will be responsible. If a driver is not listed, the company will be responsible for any fines received for vehicles registered below.

Drivers Name: _____	Vehicle Information: Color: _____ Year: _____
D. License #: _____ State: _____	Make: _____ Model: _____
Drivers Phone Number: _____	License Plate: _____ State: _____
Drivers Name: _____	Vehicle Information: Color: _____ Year: _____
D. License #: _____ State: _____	Make: _____ Model: _____
Drivers Phone Number: _____	License Plate: _____ State: _____
Drivers Name: _____	Vehicle Information: Color: _____ Year: _____
D. License #: _____ State: _____	Make: _____ Model: _____
Drivers Phone Number: _____	License Plate: _____ State: _____



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Drivers Name: _____ Year: _____ D. License #: _____ State: _____ Model: _____ Drivers Phone Number: _____ State: _____	Vehicle Information: Color: _____ Make: _____ License Plate: _____
Drivers Name: _____ Year: _____ D. License #: _____ State: _____ Model: _____ Drivers Phone Number: _____ State: _____	Vehicle Information: Color: _____ Make: _____ License Plate: _____
Drivers Name: _____ Year: _____ D. License #: _____ State: _____ Model: _____ Drivers Phone Number: _____ State: _____	Vehicle Information: Color: _____ Make: _____ License Plate: _____
Drivers Name: _____ Year: _____ D. License #: _____ State: _____ Model: _____ Drivers Phone Number: _____ State: _____	Vehicle Information: Color: _____ Make: _____ License Plate: _____
Drivers Name: _____ Year: _____ D. License #: _____ State: _____ Model: _____ Drivers Phone Number: _____ State: _____	Vehicle Information: Color: _____ Make: _____ License Plate: _____
Drivers Name: _____ Year: _____ D. License #: _____ State: _____ Model: _____ Drivers Phone Number: _____ State: _____	Vehicle Information: Color: _____ Make: _____ License Plate: _____
Drivers Name: _____ Year: _____ D. License #: _____ State: _____ Model: _____ Drivers Phone Number: _____ State: _____	Vehicle Information: Color: _____ Make: _____ License Plate: _____