

Request for RESIDENT parking

Last Name: _____ First Name: _____ ID#: _____

Hospital Attending: Regions Gillette RHSC Date Issued: _____

Department: _____ Ext: _____

Rotation End Date: _____

Vehicle #1

Color: _____ Year: _____

Make & Model: _____

License Plate #: _____

Vehicle #2

Color: _____ Year: _____

Make & Model: _____

License Plate #: _____

Responsibilities of Resident Parking:

- Resident parking is free.
- Resident parking is on a first come, first served basis. **YOU ARE NOT GUARANTEED A SPACE TO PARK.**
- If there is no space available in the designated areas, you must find parking elsewhere at your own expense.
- All Residents must complete a parking application if they wish to park.
- All Residents will park in the East Ramp for all shifts.
- The East Ramp can be accessed using the issued ID card.
- Parking permits are not transferable.
- Only one ID will be issued per contract. There is a \$10.00 replacement charge for a lost ID. This is payable by cash or check at the time a replacement ID is issued. This charge cannot be payroll deducted.
- Residents must notify the Parking Office of any auto information change.
- Residents **MUST** notify the Parking Office of any status change that will take them away from Regions Hospital for more than three months. This needs to be done to ensure continuity of parking privileges while you are completing your program.
- Parking contracts may be canceled for violation of parking regulations
- Contract holders may park one vehicle at a time in their assigned area at their own risk of any fire, theft or damage to their vehicle or contents of the same.

I have read and understand the parking responsibilities and agree to abide by them.

Resident's Signature: _____ **Date:** _____

Department Resident Parking Authorization

Department Manager's Signature: _____

(Must be signed by the Department Manager)

Department: GME Administration

Phone: 651-254-1504

Position: Program Associate