



The Office Car Share Registration Form



Check one:

- Primary car sharer OR
 Additional car sharer

Name _____
Last First

Email _____

Access Card ID number _____

Employer: _____

Floor: _____

Phone numbers:

Work _____ Mobile _____

Auto:

Make _____ Model _____ Year _____ Color _____

License Plate No: _____

Are you willing to add another car sharer to your car? Yes No

If yes please fill in an additional form like this (just first page) for the second car sharer and submit it together with the present form for validation.

Rules and Regulations

- **Only ONE car can park with each car share registration** (participants may alternate cars.)
- If your car share partner is not with you, sick, or on vacation, you may NOT in the car share spaces. (These spaces are designated for 2 people or more)
- If both cars need to park on a given day, one car sharer may use the public parking in the area but NOT in the cars hare spaces.
- **You CANNOT drop off your car share partner before you enter the garage and use preferential parking spaces. You must have 2 or more people in your car when entering the garage.**
- Parking ID access records will be checked frequently, **if car sharers are found to be abusing this system, all members of the car share will lose all parking privileges.**

I have read and understand the above regulations and agree to abide by the rules stated.

Signature _____

Date _____

Sticker Number

Car share partner's registration

Partner 1

Name

_____ Last

_____ First

Email _____

Access Card ID number _____

Employer: _____

Floor: _____

Phone numbers:

Work _____

Mobile _____

I have read and understand the above regulations and agree to abide by the rules stated.

Signature

Date

Partner 2

Name

_____ Last

_____ First

Email _____

Access Card ID number _____

Employer: _____

Floor: _____

Phone numbers:

Work _____

Mobile _____

I have read and understand the above regulations and agree to abide by the rules stated.

Signature

Date

Partner 3

Name

Last

First

Email _____

Access Card ID number _____

Employer: _____

Floor: _____

Phone numbers:

Work _____

Mobile _____

I have read and understand the above regulations and agree to abide by the rules stated.

Signature

Date

Partner 4

Name

Last

First

Email _____

Access Card ID number

Employer: _____

Floor: _____

Phone numbers:

Work _____

Mobile _____

I have read and understand the above regulations and agree to abide by the rules stated.

Signature

Date