



PART PARK & RIDE
APPLICATION FOR PARKING PASS

*Please return form to PART, Attn: PTR, 107 Arrow Rd Greensboro, NC 27409 or via email at contactus@partnc.org.

Name (Print) _____

Home Address _____

City _____ State _____ Zip Code _____

Contact Phone # _____ Email _____

Employer Name _____

Employer Address _____

Work Phone # _____

Vehicle Information _____

Color Year Make Model Tag Number

I acknowledge that this parking pass is being used by me solely for the purpose of using PART services. It is not transferable and is only valid for the vehicle indicated above. I will immediately notify PART in the event that my vehicle and/or contact information should change. I understand that parking in the lot is at my own risk and that PART is not responsible for theft, loss or damages to vehicles or contents. I understand that I am responsible for contacting PART regarding the renewal of my parking pass. I understand that violation of these terms may result in the forfeiture or deactivation of the parking pass and that those parking in the lot without displaying a valid pass will be subject to ticketing and/or towing at the owner's expense.

Signature _____ Date _____

For Office Use Only

Date Pass Issued: _____ Pass Number: _____

Park & Ride Location: _____

Date Pass Returned _____

Date of Usage Audit

Table with 6 columns and 3 rows for Date of Usage Audit.