

Columbus Center Transportation Enrollment Form

Parking and MTA Services

Responsibilities of the Home Institution:

- Each USM Institution within the Columbus Center will inform new personnel of paid parking and MTA availability.
 - Columbus Center Garage
 - Columbus Center Backlot
 - Columbus Center After hour and Weekend
 - Pier V Parking 711 E. Pratt Street
 - PMI Parking 720 Aliceanna Street Garage # 30106
 - MTA monthly pass (Local Bus, Light Rail, Baltimore Metro Subway Monthly Pass) Valid for one month unlimited travel.
- Complete the attached forms.
- Remind Employee to notify Columbus Center Operations of all cancellations, changes and/or termination for PMI and Pier V garage spaces via email.
- Request for Columbus Center building parking spaces: Contact your Institution Business Manager
- Hangtags for the Backlot; CC Garage and After hour/Weekend Parking can be obtained from Matt Moore; mmoore@umbc.edu or 410-234-8816.
- Request for Pier V and PMI parking spaces contact Tonya Queen; queent@umbc.edu. Backup: Tyra Burman, burmant@umbc.edu
- Home Institution will enroll USM employees via payroll deduction for parking and MTA. Copies of payroll deduction cards are forwarded to Tonya Queen in room G-012.

Responsibilities of the Columbus Center Operations:

- Shared Services (Tonya Queen or Tyra Burman) will be responsible for notifying all parking Pier V and Parking Management Incorporated (PMI) of activation and cancellation of parking services.
- Columbus Center Operations will distribute monthly invoices to departments and individuals by email by the 15th of the month.
- Columbus Center Operations will collect payments made by check; money order and credit card only. Payments are due by the first of the month and can be submitted directly to Columbus Center Operations (room G-010) or UMBC Cashier Office (1000 Hilltop Circle, Baltimore MD 21250) as indicated on your invoice.
- Issue replacement parking cardkeys. *Subject to additional fees*.
- Distribute and collect parking cardkeys.
- Distribution of monthly MTA/MARC/Express parking passes or vouchers.

Attachments:

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Name: _____ Email Address: _____

PI/Lab _____ Phone: _____ Parking Start Date: _____

Circle Affiliation: DMB IoF Shared Services Towson UMB UMCES

RATES:	IMET Institutions and IoF		Towson Only
	Monthly	Biweekly	Biweekly Only (20 ppds)
PMI	\$67.50	\$31.15	\$40.50
Pier V	\$88.50	\$40.85	\$53.10
CC Garage	\$105.00	\$48.46	\$63.00
CC Backlot	\$80.00	\$36.92	\$48.00
MTA	\$37.00	\$17.03	\$22.20

Note Towson University biweekly rates are based on 20 pays*****

Vehicle Information: Tag # _____ Year: _____ Make: _____ Model: _____

Payroll Deduction:

I understand and agree that I am authorizing an automatic parking deduction from my paycheck that will be on a pre-tax basis. This deduction will begin on the next available pay period and will continue until written notice to cancel is submitted. A signed copy of the payroll deduction form to initiate and / or cancel parking should be forwarded to the Columbus Center Operations. I further understand I am responsible for any missed biweekly payroll deductions. **Cardkeys that are not returned at the termination of parking will be subject to additional fees and penalties.** Initials _____

Direct Payments:

I understand that my monthly payments are due by the first of each month. Direct payments are accepted by check or money order only and are to be payable to UMBC. I further agree that the Columbus Center Operations reserves the right to terminate any parking rendered to me in the event my payment becomes delinquent for a period of 30 days or longer. Cardkeys that are not returned at the termination of parking will be subject to additional fees and penalties. Initials _____

Cancellation:

I understand that I must notify the Columbus Center Operations via email at ccops@umbc.edu no later than the 20th of the month **prior** to the month of cancellation. Parking cancellation request must include my name, month cancellation is effective, name of parking location and cardkey number if applicable. Failure to submit cancellation notification via email by the 20th of the month will require payment in full for any invoices issued by this department. **Prorated cancellations are not accepted. Cardkeys that are not returned at the termination of parking will be subject to additional fees and penalties.** Initials _____

By signing this agreement, I agree to abide by the rules and regulations according to my assigned parking location and remain in the parking program for a minimum of 90 days.

Employee Signature: _____ **Date:** _____

Internal: Cardkey/ CC Space # Issued: _____ Date: _____ By: _____
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