UPMC HORIZON & JAMESON PARKING ACTIVATION FORM

PLEASE PRINT CLEARLY

Last Name	First Name	Middle	_
Department	Position	Phone #	_
Staff Type (circle one):			
New Hire/Transfer Physician	Resident	Student Contract Staff	
Volunteer Extern C	Other:		
Vehicle Information	Mahiala 4	Vahiala 2	
License Plate #	Vehicle 1	Vehicle 2	
State Vehicle Make			
Model			
Color			
 I understand and agree the losses or damages. I understand and agree the londerstand and agree the londerstand and agree the at all times may result in the londerstand and londerstand and londerstand and londerstand and londerstand londerst	nat I am parking at this l nat my parking privilege nat I must park in the de nat failure to follow park corrective action up to	while it is parked on UPMC property. ocation at my own risk, and I agree no s are not transferrable. esignated area assigned to me. king procedures and policies at UPMC and including termination of employm or student/volunteer experience.	Jameson & UPMC Horizon
Signature		Date	
RETURN FORM TO UPM		SOURCES OR SCAN TO UPMCJamesor	ıHR@UPMC.EDU
	**	HR USE**	
PARKING TAG NUMBER		ISSUED DATE	