



# **\*Confidential\* Proximity Parking Needs Application**

**Parking Services, University of Massachusetts**, 51 Forestry Way Amherst, MA 01003

Phone: (413) 577-PARK Fax: (413) 545-4440 Website: parking.umass.edu

Account Number

**Please return application to: Abby Martinez, Proximity Parking Coordinator**

Phone: (413) 545-6537 Email: abbym@umass.edu



## Applicant's Information:

Name: \_\_\_\_\_

Campus ID#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

Local/Campus Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Classification (Employee/Student): \_\_\_\_\_

Location of classes, resident hall or office: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Physician's Information:

Name: \_\_\_\_\_

Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

Fax#: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Nature of Medical Condition: \_\_\_\_\_

Duration of Need: \_\_\_\_\_

Prescribed Ambulatory Aid(s): \_\_\_\_\_

Walking Distance Ability: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **OFFICE USE ONLY**

Approved Lots: \_\_\_\_\_ Duration: \_\_\_\_\_ Cost: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_