**Parking at UConn Hillel**

**2020-2021**

Thank you for your interest in parking with UConn Hillel. As a potential renter of a parking space, we will need your information for our records. Spaces are let on one or two semester basis at present.

We have 15 spaces to rent. If you are able to pay upfront we offer a discount on one semester or two semesters as follows. All payments are nonrefundable.

**Student Fee**

Paid in full = $500 per semester. The price will be discounted to $900 if you choose to pay for the full year.

If you choose to pay weekly the fee is $600 per semester $40/week

If you choose to pay quarterly the fee is $600 per semester $150/month.

**Faculty / Community Fee**

Paid in full = $600 per semester

If you choose to pay monthly the fee is $600 per semester $150/month

Forms for use are attached. Forms must be filled out by the owner of the car if the owner is not the same as the driver (parent-owned vehicles).

We need copies of:

1. License
2. Registration
3. Proof of insurance
4. Check provided to secure space

Thank you for your application

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jacqui Schulefand Edina Oestreicher

 Director of Engagement and Programs Executive Director

 engagement@uconnhillel.org edina@uconnhillel.org

 **860-429-9007**

**UConn Hillel Parking Agreement**

**(continued)**

NAME OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

UConn Student? \_\_\_\_\_ \_\_\_\_

 Yes No

If you, the registered owner of the vehicle, are not a UConn Student, but you are authorizing a UConn student to make use of the vehicle and the assigned parking space, please indicate the authorized users name and the following information.

Name of authorized user: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of UConn Dorm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

UConn Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UConn Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Permanent Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All of the above information is true and correct to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant: Date:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in consideration of five hundred dollars (per semester) donated to UConn Hillel, understand that I shall be given use of one parking space for the University of Connecticut’s 2020/2021 academic semester at UConn Hillel, 54 North Eagleville Rd, Storrs CT 06268. This parking space has been clearly identified to me and I understand that this is the one and only parking spot that I shall have use of during this time. The vehicle(s) listed below is/are the only vehicle that I am entitled to park in my assigned spot. I am soul registered owner of the listed vehicle. I understand that the registration must remain valid and I agree to maintain auto liability insurance on the listed vehicle for the term of this agreement. I shall provide evidence of a valid registration and proof of auto liability insurance to UConn Hillel as part of this agreement.

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Year) (Make) (Model) (State of Plate) (License Plate #)

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Year) (Make) (Model) (State of Plate) (License Plate #)

I understand that I am responsible for cleaning off my vehicle during snow storms that may occur during the semester. I shall release, hold harmless, defend and indemnify UConn Hillel, against and from and all claims, injury or damage arising out of use of my assigned parking space. UConn Hillel does not provide security to safeguard my person, listed vehicle or other personal property. UConn Hillel is not responsible for any items that may be lost or stolen from this vehicle, or for any damage that may occur to my vehicle while parked here on UConn Hillel’s property as well as any damage to the buildings or property of UConn Hillel Corporation.

Failure to pay for your space on the agreed upon schedule will result in termination of your space.

I understand that this agreement may be terminated by UConn Hillel at anytime and any monies paid will be returned to me on a prorated basis.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant must be the registered owner Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of UConn Hillel Executive Director Date:

Please attach a copy of your registration, a copy of your insurance card, and payment in full and please return promptly to Jacqui Schulefand, Director of Engagement and Programs at:

UConn Hillel

54 North Eagleville Rd

Storrs CT 06268