

PAGE 1	UNIVERSITY of MIAMI PARKING & TRANSPORTATION SERVICES 2022-23
	MOBILITY INCENTIVE PROGRAM

#### **BENEFITS:**

- -Carpool(s) upgrade your parking permit to visitor lot.

WHO ARE TOU? (Proof of U	M affiliation required)		• • • • • • • • •				
LAST Name	FIRST Name	FIRST Name		Affiliation (Choose one)			
Daytime phone	C Number		Gables One Tower				
				Telecommuter			
Email address							
Worksite: Street address	Suite/Building number	Residence: C	ity	Residence: Zip code			
Department name							
ELIOIDII ITV							
ELIGIBILITY							
_	ollowing criteria for the duration	-					
· -	☐ I do not drive and/or park at Gables One Tower nor do I park under the Metrorail station or at any						
University owned or leased parking lot.							
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University owned or lease  ☐ I do not live in on-campu				,			
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The Emergency Ride Home program assures alternative transportation users that they will not be stranded on campus in the event of an unexpected personal emergency. As a Mobility Program member, you must register with South Florida Commuter Services for the ERH program, and your registration will remain effective for the duration of your employment or enrollment at UM. Please visit miami.edu/mobility for further details and restrictions.

Phone: (305) 284-1547



# **MOBILITY PROGRAM**

# **VEHICLE INFORMATION**

Tag State License Plate Number Auto Make Auto Model Auto Color Auto Year

# **AUTHORIZATION AND SIGNATURE**

## **EMERGENCY RIDE HOME (ERH)**

Informed consent, waiver and release of liability. As a voluntary participant in the Emergency Ride Home (ERH) program, I understand that my participation does not in any manner imply that, on acceptance of a ride through ERH (South Florida Commuter Serviced), I am acting in the course and scope of official UM business, nor does it establish an employer-employee or agency relationship between UM and the service provider.

### **MOBILITY PROGRAM**

I certify that I meet each of the eligibility criteria for the mobility program and the above information is true. I understand that if my employment changes, including work site relocation, I must notify Parking & Transportation (Coral Gables) to terminate my membership. I also understand that during any period of time, I may not have a valid monthly or annual parking permit and claim the mobility program benefits simultaneously.

X		
/	SIGNATURE	DATE
X		_
	TELECOMMUTER DEPARTMENT DIRECTOR/SUPERVISOR SIGNATURE	DATE

MAIL/ PARKING AND TRANSPORTATION OFFICE 5807 Ponce De Leon Blvd. Suite 100

Coral Gables, 33146

EMAIL: PARKING.GABLES@MIAMI.EDU

PHONE: 305-284-1547