COMMUNITY EVENING/OVERNIGHT PARKING (DISCOUNTED) APPLICATION
HAVEN PLAZA

Applicant's Name (Last, First): _____

Home Address: _____ Apt. #: _____ Zip Code: _____

Home Phone: _____ Email: _____

As part of the New York City Department of Transportation (DOT) interim Haven Plaza, residents of the area surrounding Haven Plaza are eligible for community evening/overnight parking at a discounted rate.

Effective <u>October 1, 2019</u>, Columbia University Irving Medical Center (CUIMC) will make <u>up to 100 parking spaces</u> available for evening/overnight parking in the Lasker Parking Lot (3960 Broadway) between 6 p.m. to 7 a.m. nightly for residents of the surrounding Haven Plaza area. The parking spaces will be available for a monthly rate of $150 plus all applicable taxes.

Eligibility Criteria:

- In order to be eligible, residents must live in the area surrounding Haven Plaza.
- Only one application per household is eligible (one vehicle).
- Must comply with overnight parking hours: 6 p.m.to 7 a.m., 7 days per week, unless otherwise noted. Late fees will be assessed if vehicle is not removed by 7 a.m.
- Must comply with CUIMC Parking rules and regulations.
- CU, CUIMC, NYP and NYSPI affiliates are not eligible.

APPLICATION INSTRUCTIONS:

Please submit an online application following this link:
https://cumc.co1.qualtrics.com/jfe/form/SV_5begY7gQRwsyACh

Applications may also be dropped off to: 617 West 168th Street Suite 139, New York, NY 10032. (Monday-Friday, 8:30 a.m. – 4:30 p.m.)

APPLICATIONS WILL BE ACCEPTED UNTIL CAPACITY IS REACHED AT THE LASKER PARKING LOT.

If you have any questions, please contact the CUIMC Office of Government & Community Affairs, at 212-305-8060 or gca@cumc.columbia.edu.

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HAVEN PLAZA

This application can be accessed online at the following link:
https://cumc.co1.qualtrics.com/jfe/form/SV_5begY7gQRwsyACh

Full Name: _____

Home Address: _____

City: _____State: _____Zip: _____

Email: _____

Cell: _____ Alt Number: _____

Employer _____

Working Address_____

Work Phone _____

Make _____ *Model*_____ *Plate* _____*Year*_____ *State*_____

Do you require additional assistance? _____ If yes, please attach a copy of your government issued parking tag.

Parking Lot Used: **Return This Form To:**

__ LASKER
                                                  617 West 168th Street Suite 139
                                                  New York, NY 10032
                                                  212-305-3491

I agree to the Terms & Conditions set forth on this document.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

THIS SECTION FOR OFFICE USE ONLY

COMMUNITY EVENING/OVERNIGHT PARKING

_____ _____ _____
 Parker ID#   **Sticker Number**   **Card Access #**

_____ _____ _____ _____
 Date Approved   **Payment Accepted**   **Entered Park Manager**   **Entered iParc (Amano)**

Comments: _____