

## **EZ Park**Express Renewal Form

Please complete the following form; sign, date and return in the enclosed envelope.

Name:					
rame:	Last	First			M.I.
Address:					
Contact pho	ne number during summer months:				
Current lot	assignment:				
Oo you elect to	o participate in the Payroll Deduction	n Program?	Yes 🗌	No 🗌	
f no, please en	complete the Deduction Authorization laclose a check, payable to Morgan State g with this form.		_		schedule)
-	v or additional vehicle(s), please include primary vehicle.	le a copy of the	registration(s	) with this form	m and
f there are no o	changes or corrections, sign and send y lope.	our payment, b	ased on the ra	ate schedule, e	nclosed in
** <u>REMINDE</u>	<u>R</u> **				
f you have ch	osen Payroll Deduction, simply comp	plete the Deduc	ction Author	ization form!	
Signature:		Dates	:		