

*** YOU must complete all fields that apply

Request for Parking Application (Picture Identification Required)

For Office Use Only: Lot #, Date of Request, Permit #, Access Card#, Payment Code, Reserved space#, Waiting List#

First Name, Last Name, Date of Birth, Phone No., Address

E-Mail, City ID No. (Applies only to COJ employees)

Employer, Dept/Div

Employer's Address, Work Phone No.

Vehicle Information:

Additional Vehicle Information:

Specialty Plate? Yes No, Make, Style, Plate No., Decal Month, Vin #, Specify type, Model, Color, Decal Number, Decal Year

Specialty Plate? Yes No, Make, Style, Plate No., Decal Month, Vin #, Specify type, Model, Color, Decal Number, Decal Year

I acknowledge receipt of [] Terms and conditions [] Payroll Deduction Plan

Signature

Date

Space below for City of Jacksonville employees only:

In consideration of the premises and the mutual covenants and conditions herein contained, it is agreed as follows:

- As rental for LESSEE's use and occupancy of, LESSEE shall pay LESSOR the sum of \$ per pay period, which payment shall be made by payroll deduction as authorized by this contract. All payments made by LESSEE to LESSOR for rental shall be non-refundable. This lease shall be from pay period to pay period, renewable automatically at current legal rate, unless terminated by either party (15) fifteen working days written notice to the other, or upon failure of LESSEE to pay rentals or upon violation of any of the terms of this contract by LESSEE in any way. Increases in parking rates will be reflected in payroll deduction. The LESSEE shall be responsible for executing a termination form upon leaving the City's employment. LESSEE, upon executing this contract, agrees to abide by all established rules and regulations adopted and published by the parking facility relating to the administration of paid parking. All permit holders are responsible for payment of permit at all times unless prior written notice is given to the Parking Facilities and Enforcement Division. No exceptions will be granted without documented proof of the nature of the emergency. No refunds will be given unless this criteria is met within 5 working days upon return to work.

In witness whereof, the parties affix their respective signatures hereto, effective the day first written above.

LESSOR

LESSEE

Date