|  |  |
| --- | --- |
| **2009 SPA logo Springfield Parking Authority MONTHLY PARKING AGREEMENT** | |
| **150 Bridge Street** | **Location** |
| **Springfield, MA 01103-1417** | **Key Card #** |
| **Ph (413) 731-0006 Fax (413) 731-0012** | **Key Card Charge $** |
|  | **Monthly Rate $** |

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer Pays Individual Pays**

**Parker Update Vehicle Update**

**Name of Parker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City State ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PLATE** |  | **MAKE** |  | **MODEL** |  |
| **COLOR** |  | **STATE** |  | **YEAR** |  |

**I UNDERSTAND THAT:**

* **If I am a keycard or hangtag holder, I understand that I must pay for the initial keycard and I understand that I must pay for any lost or stolen keycard or hangtag. These replacement costs or fees are subject to change.**
* **If I pay by check, and it is returned for any reason, I must pay the returned check fee.**
* **Month to month payments are due by the first business day of each month. After the fifth business day, a $5.00 late fee will be charged. Any partial use of monthly parking privileges makes the holder liable for fees for the entire month. Cancellation of parking privileges is the responsibility of the monthly parker. Any and all payments are non-refundable.**
* **Monthly parking is only to be used Monday through Friday 7:00 AM to 6:00 PM, excludes legal holidays and is non-transferable.**
* **Hangtags must be displayed at all times when the vehicle is at the facility. Monthly parking is non-transferable.**
* **Vehicle information must be current to avoid violations. Violation abatement is subject to an admin fee.**
* **This agreement is not a lease, and no bailment is created between the holder of a keycard or a hangtag and the Springfield Parking Authority, or its agents or employees, with respect to the holder’s motor vehicle or any personal property contained in the vehicle. This agreement grants the holder a personal license to park a motor vehicle at this facility, at the holder’s own risk and in accordance with the terms of this agreement. The license granted shall not be assigned by the holder.**
* **The Springfield Parking Authority, its agents and employees, are not responsible for any loss or damage to any motor vehicle, or its contents, by fire, theft, collision or any other cause, or for anything contained in any vehicle. It is the holder’s responsibility to remove all items of value from the vehicle. The holder herby releases the Springfield Parking Authority, and its agents and employees from any and all responsibility in connection with the holder, the holder’s motor vehicle and the holder’s other personal property. In the event that the holder suffers any loss to person or property, the holder shall look solely to his or her insurance coverage, if any, and shall make no claim whatsoever against the Springfield Parking Authority.**

**By signing this document, I acknowledge I have read and fully understand all conditions set forth above and I am aware of and understand the Springfield Parking Authority Rules Governing Use of Parking Facilities.**

**Signature of Parker\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

For Office Use Only:

|  |  |
| --- | --- |
| **Completed By:** | **Date:** |
| **comments:** | **Account #** |