

Monthly Shift – Effective 1/1/2024



Section 1 APP	LICANT INFORMATION						
Applicant Name				Driver License State			
Billing Street Address		Suite #	City		State	Zip Code	
Business Phone #	Home Phone #	First Vehicle Make	& Model	Lic. Plate #	2nd Vehicle Mak	e & Model Lic. Plate #	
E-Mail Address		<u> </u>					
Section 2 COM	PANY INFORMATION	(PLEASE	COMPLETE SEC	CTION 2 IF CO	MPANY BILLI	NG)	
Company Name		Company Conta	act Name			Contact Phone #	
If exempt, Tax Exempt #	Company Approval	Signature			•		
	MON	NTHLY PARKING F	RULES & REGU	<u>ILATIONS</u>			
Your payment en	titles you, the customer, to or	ne kevcard, and allo	ws vou to park	one vehicle in	a single space ir	n the deck at vour sole risk.	
	agree to safe guard your vehic						
	mage or loss to your vehicle or						
	uit is filed for any casualty to						
_	sonable attorney fees. This is ions may be changed at any ti				y modily or war	ve any or its items. These	
					DTA Derking pri	od	
	fees are due the first of every ailure to remit timely paymen						
	permits are non-transferable. privileges. Parking Permits sh			_		result in cancellation of	
4. Customer agrees	to return all non-valid or non-	-renewed keycards					
5. Customer agrees to report any damage caused by their vehicle.							
6. Customer agrees to follow the instructions of PARTA personnel and posted signage.							
7. Keycard replacement for lost/stolen/damaged keycards is \$5.00							
8. Monthly parking	fees are NOT REFUNDABLE or	or after the 1st da	y of the month.				
Downtown Daily			(CHECK ONE BOX	RFI OW		
*Access to Spec							
*Weekend Access additional \$10/month 1. 5:45 A.M. to 6:45 P.M. \$							
						м. \$62.00/month	
3. Weekend Access \$10.00/ Month							
Please check the box to indicate type of pass							
NOTE: There is a \$5.00 non—refundable fee for the initial purchase of a monthly pass to cover the cost of the keycard.							
I AGREE TO ACCEPT MONTHLY PARKING PRIVILEGES UPON THE ABOVE TERMS AND CONDITIONS							
Customer Signature						Date	
					<u></u>		
For Office Use Only							
Permit Number	Payment	Amount			Payment Type		
	. cyment					CASH CREDIT	



Monthly Flex Parker Agreement – Effective 1/1/2024



Section 1 APPLICANT INFORMATION							
Applicant Name			Driver License #				
Billing Street Address		Suite #	City		State		
			,				
Business Phone # Home	e Phone #	First Vehicle Make	- 0 Madal	Lic. Plate #	2nd Vehicle Mak	ke & Model Lic. Plate #	
Business Phone #	Phone #	FII'st verificie iviake	3 & IVIOUEI	Lic. Plate #	Zhu venicie iviak	te & Model Lic. Flate #	
		<u> </u>					
E-Mail Address							
COMPANY IN	FORMATION		COMMUNICATE CE	CTION 2 IF CC	NAADANIV DILLI	INC)	
Section 2 COMPANY INI Company Name	FUKIVIATIUN	Company Conta		ECTION 2 IF CO		Contact Phone #	
Company Name		Company conta	ICI Name			Contact i none #	
. T F	In the second of						
If exempt, Tax Exempt #	Company Approval Sig	gnature					
	MONT	HLY PARKING R	RULES & REGI	ULATIONS			
 Your payment entitles you, 	, the customer, to one	keycard, and allo	ows you to parl	k one vehicle in	a single space ir	n the deck at your sole risk.	
						ents. PARTA is not responsible	
for fire, theft, damage or lo	•	,	•	•	• • • • • • • • • • • • • • • • • • • •		
						PARTA for any other type of	
loss including reasonable a terms and conditions may					y modity or wai	ive any of its items. These	
Monthly parking fees are d cancellation for failure to r						-	
Monthly parking permits a monthly parking privileges.						result in cancellation of	
4. Customer agrees to return	all non-valid or non-re	enewed keycards	•				
5. Customer agrees to report	any damage caused b	y their vehicle.					
6. Customer agrees to follow		·	าd posted signa	ige.			
7. Keycard replacement for lo	ost/stolen/damaged ke	eycards is \$5.00					
8. Monthly parking fees are N	NOT REFUNDABLE on o	or after the 1st da	y of the month	1.			
The compatibilities	···	:					
Downtown Daily Flexi							
*Required to be Associated with Business Account							
*Parking in any 12 hour period.							
*Access to Special Events may be limited.							
	•						
NOTE: There is a \$5.00 non—refundable fee for the initial purchase of a monthly pass to cover the cost of the keycard.							
	CEPT MONTHLY PAR	RKING PRIVILEG	JES UPON TH	E ABOVE TERM	MS AND CONE		
Customer Signature						Date	
					I		
For Office Use Only							
-					Payment Type		
Permit Number	Payment Ar	nount		\neg		CASH CREDIT	
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Residential Parker Agreement – Effective 1/1/2024



Section 1 APPLICANT INFORMATION	Section 1 APPLICANT INFORMATION							
Applicant Name		Driver License #		Driver License State				
Billing Street Address	Suite #	City		State	Zip Code			
Business Phone # Home Phone #	First Vehicle Ma	ike & Model	Lic. Plate #	2nd Vehicle Ma	ke & Model Lic. Plate #			
E-Mail Address	1							
Section 2 COMPANY INFORMATION Company Name	Company Cor		SECTION 2 IF CO	JMPANY BILL	Contact Phone #			
Company name	Joseph Joseph	Tage Harrie			Someon none ii			
If exempt, Tax Exempt # Company Approval S	ignature							
	.0							
MON	THLY PARKING	RULES & RE	GULATIONS					
1. Your payment entitles you, the customer, to one k	keycard, and allo	ows you to park	one vehicle in a	single space in	the deck atyour sole risk.			
PARTA does not agree to safe guard your vehicle of		•	•		•			
for fire, theft, damage or loss to your vehicle or its that a lawsuit is filed for any casualty to your vehi								
including reasonable attorney fees. This is your en				•				
and conditions may be changed at any time at the	sole discretion	of PARTA.						
2. Monthly parking fees are due the first of every mo					-			
cancellation for failure to remit timely payment. A	\$15 fee will be	applied to acco	ounts canceled fo	or untimely pay	ments.			
3. Monthly parking permits are non-transferable. Use of a keycard device by other than the designated user may result in cancellation of								
Customer agrees to return all non-valid or non-rer	monthly parking privileges. Parking Permits shall be displayed while vehicles are within the parking facility.							
5. Customer agrees to report any damage caused by								
6. Customer agrees to follow the instructions of PAR		nd nosted signa	σe					
7. Keycard replacement for lost/stolen/damaged key		iu posteu signa	ge.					
		v of the menth						
8. Monthly parking fees are NOT REFORDABLE on or	8. Monthly parking fees are NOT REFUNDABLE on or after the 1st day of the month.							
Gold Residential Monthly Pass- \$114.00 a Mo	onth	Blac	k Residential N	Ionthly Pass-	\$90.00 a Month			
		*Lim	nited Quantities	Available				
*Limited Quantities Available		*No time restrictions.						
*No time restrictions.		*PARKING IS Restricted to Uncovered						
*Park in any non specially signed parking spot within the garage	Par dire	Parking (Space Number >= 219), unless directed by a garage staff member.						
*Open access during all special events.			en access durin					
NOTE: There is a \$5.00 non—refundable fee for the initial purchase of a monthly pass to cover the cost of the keycard. I AGREE TO ACCEPT MONTHLY PARKING PRIVILEGES UPON THE ABOVE TERMS AND CONDITIONS								
Customer Signature								
For Office Use Only								
For Office Use Only	lmount			Payment Type				
Permit Number Payment A	Amount				CASH CREDIT			



Student Pass Parker Agreement – Effective 7/1/2023



Driver License Driver License Driver License Driver License State	Section 1 APPLICANT INFORMATION								
Business Phone # Home Phone # First Vehicle Make & Model Lic. Plate # 2nd Vehicle Make & Model Lic. Plate #	Section 1			Driver License # Driver License Sta					
Business Phone # Home Phone # First Vehicle Make & Model Lic. Plate # 2nd Vehicle Make & Model Lic. Plate #									
Business Phone # Home Phone # First Vehicle Make & Model Lic. Plate # 2nd Vehicle Make & Model Lic. Plate #	Billing Street Address		Suite #			State	IZip Code		
Section 2 COMPANY INFORMATION (PLEASE COMPLETE SECTION 2 IF COMPANY BILLING) Company Fhame Company Contact Name Con				'					
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Company Name	Business Phone #	Home Phone #	First Vehicle Make	e & Model	Lic. Plate #	2nd Vehicle Make &	Model Lic. Plate #		
Company Name									
Company Name	E-Mail Address		1			1			
Company Name									
MONTHLY PARKING RULES & REGULATIONS 1. Your payment entitles you, the customer, to one keycard, and allows you to park one vehicle in a single space in the deck at your sole risk. PARTA does not agree to safe guard your vehicle or its contents. Only a license to park is granted hereby, and no baliment is created. In the event that a lawsuit is filed for any casualty to your vehicle or its contents. Only a license to park is granted hereby, and no baliment is created. In the event that a lawsuit is filed for any casualty to your vehicle or its contents, you agree to defend and indemnify PARTA for any other type of loss including reasonable attorney fees. This is your entire contract and no PARTA employee may modify or waive any of its items. These terms and conditions may be changed at any time at the sole discretion of PARTA. 2. Parking fees are due prior to each semester. All checks are to be made payable to PARTA. Parking privileges are subject to cancellation for failure to remit timely payment. A \$15 fee will be applied to accounts canceled for untimely payments. 3. Parking permits are non-transferable. Use of a keycard device by other than the designated user may result in cancellation of parking privileges. Parking Permits shall be displayed while vehicles are within the parking facility. 4. Customer agrees to return all non-valid or non-renewed keycards. 5. Customer agrees to follow the instructions of PARTA personnel and posted signage. 7. Keycard replacement for lost/stolen/damaged keycards is \$5.00 8. Semester parking fees are NOT REFUNDABLE on or after the 1st day of the semester. Please check the box to indicate type of pass \$400/Academic Year \$225/ Semester Access to the garage limited to Monday through Friday 7:15 A.M. to 7:15 P.M. *Limited Quantities Available *Access to Special Events may be limited. NOTE: There is a \$5.00 non—refundable fee for the initial purchase of a monthly pass to cover the cost of the keycard. For Office Use Only Permit Number *Payment Type	Section 2 COMPAI	NY INFORMATION	(PLEASE	COMPLETE SE	CTION 2 IF CO	OMPANY BILLING	i)		
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