

**PARKING SUBSIDY PROGRAM ENROLLMENT
AGREEMENT AND CERTIFICATION**

I wish to enroll in the Parking Subsidy Program. By signing this agreement, I certify and affirm that the following statements are true and that I agree to all of the terms set forth in the Parking Subsidy Program Policy.

1. The Parking Subsidy Program Policy has been provided to me.
2. I have read the Parking Subsidy Program Policy and I agree to abide by its terms and requirements in my use of the Parking Subsidy Program.
3. I will notify the Parking Subsidy Program Administrator (PSPA) of all information required under the program in a timely manner. I hereby notify the (PSPA) of the following information relevant to the parking program in which I seek to enroll:

The parking facility I wish to use is located in _____.
(Name of city)

Employee Name (Print)

Employee Signature

Job Title

Date

Date received by PSPA: _____

I have determined this employee meets program requirements: _____
PSPA Signature

Approval: _____
Clerk of Court