

BAINBRIDGE ISLAND DOWNTOWN EMPLOYEE PARKING PROGRAM EMPLOYER PARTICIPATION FORM



1 November 2013 through 30 April 2014



The undersigned is the owner of _____

Located at _____

I agree to be responsible for administration of the parking permit program for the above-noted business location.
In that capacity I will:

- A) Comply with the Employee Parking Regulations and post them at my business location, along with a map showing the location of designated parking.
- B) Guarantee that each person being issued a permit has received, read, and signed a copy of the Employee Parking Regulations, inform permit holders of any changes in the regulations, and provide them with a copy of the map page.
- C) Maintain and supply to the Bainbridge Island Police Department a current, accurate record of the persons to whom Parking Permits are assigned and notify the Bainbridge Island Police Department of any separation of participating employees or the transfer of any permits.

Signed: _____ Phone: _____

Printed Name: _____ Fax: _____

City Business License # _____ E-Mail: _____

Mailing Address: _____