Downtown Workforce / Professionals Parking Program Application

DRIVER INFORMATION

LAST NAME: _____ **FIRST NAME:** _____ **M:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CELL PHONE: _____

EMAIL: _____

PLACE OF EMPLOYMENT: _____

JOB TITLE / POSITION _____

EMPLOYER ADDRESS: _____

WORK PHONE: _____

MY JOB TITLE / POSITION FALL UNDER THE FOLLOWING:

☐ **SMALL BUSINESS OWNERS, EMPLOYEES OF RESTRURANT, HOSPITALITY, RETAIL, PERSONAL SERVICE**

☐ **CLERICAL, CUSTOMER SERVICE, ADMINISTRATIVE, SUPPORT STAFF**

OR

☐ **OTHER DOWNTOWN BUSINESS PROFESSIONAL (FOUNDRY GARAGE ONLY)**
$10 Weekday Stickers (M-F) for 10 Hours

VEHICLE INFORMATION

YEAR: _____

MAKE/MODEL: _____

COLOR: _____

PLATE #: _____

STATE: _____

☐ **Foundry Garage & Parrott Ave***

☐ **Foundry Garage Only**

☐ **Parrott Ave Only***

***Please allow 3 business days for rates to apply.**

STARTING DATE (based on calendar month): _____

By signing below, I certify that I have received and read the Rules and Regulations for the Downtown Workforce Parking Program and will adhere to all. All information provided is true and accurate to the best of my knowledge.

DATE:_____ **SIGNATURE:** _____