1. **THE CARD:** The card authorizes the parking of one (1) passenger vehicle or light truck in a designated facility at any single time. Card is for facility designated by participant and no definite space is assigned. **IF THE CARD HOLDER DOES NOT HAVE HIS/HER CARD WHEN EXITING, HE/SHE IS RESPONSIBLE FOR PAYING REGULAR RATES FOR THAT DAY. NO REFUNDS WILL BE GIVEN.** Card is for the sole use of the registered card holder and is non-transferable. Should your card become lost or damaged, contact the Parking Services Division at (916) 808-5110. While every effort will be made to make sufficient parking available for all discounted parking customers, the City of Sacramento does not guarantee that parking spaces will be available. If the preferred parking facility is full, card holders will be directed to the nearest City parking facility where spaces are available and will need to present their parking card at the designated overflow facility. Card holders must use their card when entering and exiting the parking facility in order to receive the discounted rate. Cards must be used in sequence: (1) enter the garage by using the card to raise the gate arm, (2) pay parking fees prior to exiting the garage, and (3) exit using card to raise the gate arm.

2. **CARD FEE:** There is a $25 administrative card fee required when signing up. An administrative fee will be imposed for all new, lost, stolen, or damaged access cards. There is no cost for renewing the card. These fees are subject to change.

3. **RENEWAL:** Please bring proof of pay rate (pay stub) to the Revenue Counter at 915 I St., Room 1214, Sacramento, CA. Please check website for current office hours: www.cityofsacramento.org/finance. Renewal periods are every six months (March 1st - 31st and September 1st - 30th). Renewals must be done in person and require reprogramming of your current card. By submitting your renewal request you are verifying that your information is accurate.

4. **RATES:** The discounted parking fees are to be paid each time the card is used, prior to exiting the parking facility. Rates are subject to change, as rate and fee schedules are set by City Council Resolution. Notice of changes shall be posted at all parking facilities.

5. **USE OF FACILITIES:** In the event that parking gate arms are up and not functioning, card holder shall call the Parking Services Division at (916) 808-5110 to report the problem immediately. Any attempt to manipulate the access system, cards, or any Parking Administration policy or procedure will result in cancellation of program privileges and this agreement.

6. **ENTIRE AGREEMENT:** Location supervisors and/or attendants are not authorized to make or allow any exceptions to this agreement and operating regulations. All agreements shall be contained herein. Except as otherwise stated herein, this Agreement constitutes the entire agreement between the parties concerning the subject matter thereof.

7. **LIABILITY:** Liability is limited as posted in the Parking Facility and as stated herein. Participant hereby waives and releases any claim for injury, damage, or loss resulting directly or indirectly from any action or failure to act by the City of Sacramento and its employees under this agreement, including but not limited to any loss of vehicle or contents, or any damage to vehicle by vandalism, theft, or accident. Participants are advised not to leave articles of personal property of any value in vehicle and agree not to hold City of Sacramento responsible for loss of property or damages resulting from loss of property left in vehicle in violation of this agreement.

8. **CANCELLATION:** The City of Sacramento reserves the right to terminate this agreement without notice upon the failure of the participant to pay any fee or charge, or to perform any act or obligation imposed or required under this agreement. The City may terminate this agreement for any other reason by providing Participant written notice of such cancellation.

9. **PARKING PROGRAMS:** Participants in any Parking Administration program agree to abide by all rules and restrictions governing the individual programs. Abuse of any program, including attempts to validate and use a discount on the same day, will result in the immediate and permanent cancellation of all program privileges.

10. **ALTERNATIVE MODE COMMUTER OPTION (A.M.C.O.):** Customer may only purchase one (1) set of twelve coupons each quarter. The quarters are January 1, April 1, July 1, and October 1. Coupons are good for one-day parking. Coupons are valid one year from date printed on coupon.

I understand and agree to abide by the terms and conditions set forth above and as posted in the parking facility. Failure to do so will result in permanent cancellation of all program privileges.

Participant Signature: _______________________________ Date: _______________________________
SECTION A – PERSONAL INFORMATION

Name: _____________________________________________
  (First) __________________________________________
  (Last) __________________________________________
Home Address: ____________________________________
City: ______________________________________________
State/Zip: __________________________________________
  (State) __________________________________________
  (Zip) ____________________________________________
Phone: _____________________________________________
Email: ______________________________________________

SECTION B – EMPLOYER INFORMATION

Employer: __________________________________________
Work Address: ______________________________________
City: ______________________________________________
State/Zip: __________________________________________
  (State) __________________________________________
  (Zip) ____________________________________________
Work Phone: _________________________________________

SECTION C – DEPP: DISCOUNTED EMPLOYEE PARKING PROGRAM (PAYROLL CHECK STUB REQUIRED FOR PAID POSITIONS)
(To be completed by employer)

I certify that my company or I currently employ the person completing this application, and that he/she meets DEPP program requirements.
Please Check One:
  □ Employee earns less than $16.00 per hour (including tips and commissions)
  □ Intern (paid or unpaid, company verification letter required)
  □ Volunteer (company verification letter required)
Average number of hours per week: ____________
Hourly pay rate: ____________
Commissioned Employee?  □ Yes  □ No  Tips? □ Yes   □ No
Signed: ________________________________  Date: ________________
Print Name: ______________________________

SECTION D – PTEP: PART TIME EMPLOYEE PROGRAM (PAYROLL CHECK STUB REQUIRED)
(To be completed by employer)

I certify that my company or I currently employ the person completing this application, and that he/she works less than 30 hours per week and makes less than $22.00 per hour.
Average number of hours per week: ____________
Hourly pay rate: ____________
Signed: ________________________________  Date: ________________
Print Name: ______________________________

PREFERRED GARAGE DESIGNATION (PLEASE SELECT ONE):
  □ Capitol (10th and L St.) (Unpaid Only)
  □ City Hall (10th and I St.) (AMCO only)
  □ Memorial (14th and H St.)
  □ Old Sacramento (2nd and I St.)
  □ Tower Bridge (Neasham Circle at Front St. and Capitol Mall) (Does not accept DEPP)