

COUNTY EMPLOYEE PARKING AGREEMENT

As an employee of the County of San Luis Obispo, I authorize the County Auditor’s Office to deduct \$27.70 from each paycheck to be paid to the City of San Luis Obispo for parking privileges. In return, the City of San Luis Obispo will provide me with a ProxCard which will allow me to enter and exit the Palm Street Parking Structure at all times (overnight parking and “dead storage” of vehicles is not allowed.).

I am aware that parking fees may increase in the future. I will be notified prior to this increase occurring. By signing this authorization, I agree to allow the deduction amount to be adjusted relative to future changes in parking rates.

I understand that my ProxCard will be activated on the date of the first payroll deduction, usually within two weeks of my request, and will remain active until this agreement is terminated. If I decide to terminate the agreement, I must notify the *City Parking Operations Office*, located at 1260 Chorro Street, Suite B, SLO (781-7230). My ProxCard will remain active until the deduction no longer appears on my paycheck (usually within two weeks of requesting termination). I must return my ProxCard to the Parking Structure Attendant (in the exit booth) on my last day of usage.

If I want to purchase ProxCard usage during the period between my request date and the effective date of the ProxCard, I may do so at a rate of \$15 per week at the City Parking Operations Office.

If I lose my ProxCard, or if it is stolen, I can obtain a new one for a fee of \$10.

I may use my ProxCard when driving any of the vehicles with license plate numbers listed below.

_____	_____
Name (First, M.I., Last)	Vehicle License Plate #
_____	_____
Home Address	Vehicle License Plate #
_____	_____
City, State and Zip Code	Home Telephone Number
_____	_____
County Department where employed	e-mail address
_____	_____
	Work Telephone Number

Please advise the City of SLO Parking Operations Office of any changes in above information (name, home address, phone, vehicle license plate number[s], etc.) *within five (5) working days of change*. Your signature below indicates that you have read and will follow the above terms of use.

_____	_____
Signature	Date

***** OFFICE USE ONLY *****

_____	_____	_____
PROXCARD #	1 st County Deduction Date	Processed in Parking by
Card Replacement: # _____,	_____ ; # _____,	_____ ; # _____,
(if any)	date	date

TERMINATION DATE

Processed in Parking by

FAX to Auditor DATE

Initial