

Topeka Off-Site Parking Contract

Please Type or Print Legibly

Last Name First Name Initial Employee ID

Agency **AND** Department/Section Agency Number

Agency Address – Building, Street, Floor, Room Number

Work Email Address

Residence Address – Street, P.O. Box Number, City, State, Zip Code

Work Telephone Number Home Telephone Number Cell Phone Number

Year Make Model County Tag Number

Year Make Model County Tag Number

Location of Parking Facility:

Payroll Deduction State Date:

REPORT ANY CHANGES TO PARKING ADMINISTRATION

Payment & Termination Terms

Payment will be made in advance by a bi-weekly \$_____ payroll deduction from my earnings for the amount required to cover the bi-weekly fee. This authorization shall continue in effect until written or electronic notice is given to terminate the Payroll Parking Deduction. Notice must be submitted to Parking Administration. Fees are subject to change.

D/A, Parking Administration, Authorized Signature

Signature of Applicant

Date

Date

Parking Administration Use Only

T2 _____

Designated Stall No. _____

SHaRP _____ eff. _____

Parking Codes _____

Permit Number _____